

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.		Well API No.
Address 21 DESTA DRIVE, MIDLAND, TEXAS 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

**CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-4-89 UNLESS AN EXCEPTION TO R-407Q IS OBTAINED.**

### II. DESCRIPTION OF WELL AND LEASE

Lease Name State "16"	Well No. 3	Pool Name, including Formation S. Corbin (Bone Springs)	Kind of Lease State, Federal, or Private	Lease No. LG-4087
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>18 South</u> Range <u>33 East</u> , NMPM, Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>16</u>	Twp. <u>18-S</u>	Rge. <u>33-E</u>	Is gas actually connected? No	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/22/88	Date Compl. Ready to Prod. 04/04/89		Total Depth 11,450'			P.B.T.D. 10,465'		
Elevations (DF, RKB, RT, GR, etc.) 3874.0 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7999			Tubing Depth 7885		
Performances 9520-30'; 9005-20'; 7999-8032'						Depth Casing Shoe 11,468'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		358'			350 (surface)		
12-1/4"	8-5/8"		2,900'			1,300 (surface)		
7-7/8"	5-1/2"		11,468'			890 (TOC 3275')		

### V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test 04/04/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4 hrs.	Tubing Pressure 160	Casing Pressure 0	Choke Size 22/64
Actual Prod. During Test 47 BO; 12 BW; 46 MCF	Oil - Bbls. 282	Water - Bbls. 72	Gas - MCF 276

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.L. Bradshaw

Signature  
R.L. Bradshaw, Sr. Staff Env./Reg. Spec.  
Printed Name  
Date  
04/10/89  
Telephone No.  
(915) 686-5678

### OIL CONSERVATION DIVISION

APR 13 1989

Date Approved \_\_\_\_\_

By \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 12 1989

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