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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TRA	ANSPORT O	IL AND N	ATURAL C	SAS				
	Meridian Oil Inc.					Well API No.				
Address 21 Desta Drive	∍, Midla	and, Te	exas 79705	 5				-		
Reason(s) for Filing (Check proper box	-				her (Please exp	al a fee)				
New Well		Change in	Transporter of:	iAA O	ici (rieuse exp	nain)				
Recompletion	Oil		Dry Gas	1000	bbl test	t allowa	hlo for	Ta	1000	
Change in Operator	Casinghea	d Gas	Condensate	1000	DDI CCS	c allowa	pre for	January	1989	
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELI	ANDIE	ACE								
Lease Name	D ALVO LEA		Pool Name, Include	tina Econotica			- 		. <u></u>	
State 16		5		oin(Dela			of Lease , Federal or Federal	I	LG-4087	
Location								Jeace		
Unit LetterN	: <u>51</u>	.0	Feet From The	South L	ne and198	30 F	eet From The	West	7:	
Section 16 Towns	hip 18S		Range 33E	,			~ TIOH THE .		Line	
	inp 100		Range 33E	, , ,	IMPM,			Lea ———	County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	L AND NATU	IRAL GAS						
. The or someonized transported of Oil	_ V _	or Conden	##	Address (Gi	ve address to w	hich approved	copy of this fo	orm is to be s	ent)	
Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 60028, San Angelo, Texas 76906						
Terms of Administrate Hamptones of Can	nghead Gas		or Dry Gas	Address (Gi	ve address to w	hich approved	copy of this fo	vm is to be st	tel)	
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.	is gas actual	10 10					
give location of tanks.	_ i N	16	18S 33E			When	?			
f this production is commingled with the	from any other	er lease or p	ool, give comming	ling order nurr	ber:					
V. COMPLETION DATA										
Designate Type of Completion	1 - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	. Ready to	Prod	Total Depth	<u> </u>	L	Lj		i	
				rom Depar			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Gas	Pay		Tubing Dept	<u> </u>		
Perforations								•		
							Depth Casing	Shoe		
	T	UBING.	CASING AND	CEMENTI	NG RECOP	<u> </u>				
HOLE SIZE	CAS	ING & TU	BING SIZE	DEPTH SET			SACKS CEMENT			
								AUNS CEMI	<u> </u>	
				i *						
				<u> </u>						
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	<u> </u>						
IL WELL (Test must be after				be equal to or	exceed top allo	wable for this	depth or be fo	e full 24 keen	·• 1	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, el	(c.)	, ,	3.)	
ength of Test	Tubing Proces									
	Tubing Pressure			Casing Press.	ire		Choke Size			
Actual Prod. During Test	ual Prod. During Test Oil - Bbis.			Water - Bbis.			Gas- MCF			
							!			
GAS WELL										
ctual Prod. Test - MCF/D	Length of Te	est		Bbis. Conden	nte/MMCF		Gravity of Co	Odensate		
sting Method (pilot, back pr.)	Tubing Proce	Tubing Description (Ct.,								
Tubing Pressure (Shut-in)			1)	Casing Pressu	re (Shut-in)		Choke Size			
I. OPERATOR CERTIFIC	ATE OF	CUMDI	IANCE							
I hereby certify that the rules and regul	ations of the O	il Conserva	tion		DIL CON	SERVA	TION T	אואופוט	NI	
Division have been complied with and that the information given above										
is true and complete to the best of my	knowledge and	belief.		Date	Approved	4	JAN.1	४ । अ४५	-	
Mariane Mar	+				ppi 0 ve(
Signature	in			By_	OR		NED BY JE		ON	
Marianne Martin	Operat		ech III	_,_		DISTRI	CT I SUPER	VISOR		
Printed NameJanuary 16, 1989	(015	-	itle 5657	Title			ا الله يعليك ا	lating and the second		
Date	(913	686-	-565/ me No				A COLUMN TO THE PARTY OF THE PA	THE PERSON NAMED IN COLUMN		

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.

নামুগ্ৰী চাইলে পাইলে লালে লালে প্ৰথম কৰি লালে জ্বালাৰ্থ। শাইলে কুমৰ্থকে লাখেলে জ্বালাৰ্থকু ব

PECENTE.

JAN 17 1989 OCD HOBBE OFFICE