

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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. 30-025-30622
Address 21 Desta Drive Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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

Cancel South Corbin Well Comp

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "16"	Well No. 4	Pool Name, including Formation West Corbin Delaware	Kind of Lease State, Federal or Foreign <input checked="" type="checkbox"/>	Lease No. LG-4087
Location Unit Letter M : 548 Feet From The South Line and 760 Feet From The West Line Section 16 Township 18-South Range 33-East, 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"/>	Address (Give address to which approved copy of this form is to be sent) Pride Pipeline P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Conoco P.O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 4	Twp. 18S	Rgn. 33E	Is gas actually connected? Yes	When? 9/89

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 XX	Gas Well	New Well	Workover	Deepen	Plug Back XX	Same Res'v	Diff Res'v XX
Date Spudded 6-10-89	Date Compl. Ready to Prod. 8-3-89	Total Depth 11,460'		P.B.T.D. 9840' 7205				
Elevations (DF, RKB, RT, GR, etc.) 3851' GR	Name of Producing Formation West Corbin Delaware		Top Oil/Gas Pay 5192'		Tubing Depth 11,280			
Perforations 5192' - 6248' 2 SPF (72 holes)					Depth Casing Shoe CIBP @ 7240'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE SEE ATTACHED C-105	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 8-3-89 10-7-89	Date of Test 10-8-89	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure 50	Choke Size
Actual Prod. During Test 168	Oil - Bbls. 168	Water - Bbls. 353	Gas - MCF 85

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature  
Connie Monahan, Oper. Tech III  
Printed Name  
10-13-89 915/686-5681  
Date  
Telephone No.

OIL CONSERVATION DIVISION

OCT 18 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 multi-completed wells.

2 A South Corbin Well Comp

RECEIVED

OCT 16 1989

OCD  
HOBBS C. FICE