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Appropriate District Office
DISTRICT I
P.O. Box 1980, 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
En. y, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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 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 <u>10-3-89</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "16"	Well No. 4	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No. LG-4087
Location				
Unit Letter <u>M</u> : <u>548</u> Feet From The <u>South</u> Line and <u>760</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 Pride Pipeline <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 4
	Twp. 18S	Rge. 33E
	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-10-89	Date Compl. Ready to Prod. 8-3-89		Total Depth 11,460'		P.B.T.D. 11,413'			
Elevations (DF, RKB, RT, GR, etc.) 3851' GR	Name of Producing Formation South Corbin Wolfcamp		Top Oil/Gas Pay 10,886'		Tubing Depth 11,280'			
Perforations 10,886' - 11,406' (Wolfcamp)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	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	Date of Test 8-9-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure 50	Choke Size
Actual Prod. During Test 116	Oil - Bbls. 105	Water - Bbls. 11	Gas-MCF 60

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
Printed Name
Connie Monahan, Operations Tech III
Date
8/28/89
Title
915/686-5681
Telephone No.

OIL CONSERVATION DIVISION
AUG 30 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

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.