

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |   |
|--|--|---|
| Operator<br>Meridian Oil Inc.  |  | Well API No.<br>03-025-30772  |
| Address<br>21 Desta Dr., Midland, TX 79705   |  |   |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input type="checkbox"/> |  | <input checked="" type="checkbox"/> Other (Please explain)<br>Request 2500 B.O. Test Allowable-4/01/90.<br>Perfs: 10,902'-10,990'.<br>Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |                       |
|--|---------------|--|--|-----------------------|
| Lease Name<br>Federal "23"   | Well No.<br>1 | Pool Name, Including Formation<br>East Lusk (Wolfcamp) | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM-12412 |
| Location<br>Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line<br>Section 23 Township 19 South Range 32 East, NMPM, Lea County |               |  |  |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |   |      |      |                            |        |
|--|--|---|------|------|----------------------------|--------|
| Name of Authorized Transporter of Oil<br>Texaco Trading & Trans. | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 6196, Midland, Texas 79711 |      |      |                            |        |
| 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,<br>give location of tanks.      | Unit   | Sec.  | Twp. | Rge. | Is gas actually connected? | 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                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                        |                             |          |                 |          |        | 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

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  
Robert L. Bradshaw  
Printed Name  
30 March 1990  
Date  
Env./Reg. Spec.  
Title  
915/686-5678  
Telephone No.

OIL CONSERVATION DIVISION

APR 3 1990

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.

Enc

REC-1077

APR 2 1990

CC:  
HOBBS OFFICE