

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

Operator Meridian Oil Inc.		Well API No. 30-025-30949
Address 21 Desta Dr., Midland, TX 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 _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 16	Well No. 6	Pool Name, Including Formation West Corbin (Delaware)	Kind of Lease State, Federal or Fee State	Lease No. LG-4087
Location Unit Letter 0 : 660' Feet From The South Line and 1890' Feet From The East Line Section 16 Township 18S Range 33E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mex 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 1510, Midland, Tx 79702				
Name of Authorized Transporter of Casinghead Gas Conoco Inc	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, TX 77252				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/11/90	Date Compl. Ready to Prod. 10/16/90		Total Depth 5510'		P.B.T.D. 5447'			
Elevations (DF, RKB, RT, GR, etc.) 3863'	Name of Producing Formation Delaware		Top Oil/Gas Pay 5088'		Tubing Depth 4924'			
Perforations 5097 5067'-5245'					Depth Casing Shoe 5510'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		3701'		240 sx Circ.			
7 7/8"	5 1/2"		5510'		1000 sx Circ.			
	2 7/8" (Tbg)		4924'					

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 9/6/90	Date of Test 10/28/90	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" X 1 1/2" X 24' RHBM	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 87	Water - Bbls. 74	Gas- MCF 49

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
Robert L. Bradshaw Sr. Env/Reg Spec
Printed Name
12/4/90
Date
915-686-5600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 07 1990
By Paul E. Hutz
Geologist
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.