Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico rgy, Minerals and Natural Resources Departm.

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TRAI	NSPORT OIL	AND NA	TURAL GA	NS			<u></u>	
Operator Meridian Oil Inc.					Well API No. 30-025-30972					
Address										
21 Desta Dr., Midland, T				x Ou	ner (Please expla	uin)				
Reason(s) for Filing (Check proper box)	ļ	Chanca in '	Emmemorter of		hange lease	•	rom Bondi	irant Fed.	Com.	
New Well	0"		Fransporter of: Dry Gas	Ŭ	nunge leue	o manno m				
Recompletion	Oil Casinghea		Condensate							
If change of operator give name					_, ,					
and address of previous operator										
II. DESCRIPTION OF WELL	L AND LE	ASE			0 0 0 0 0		-C1		ease No.	
Lease Name		Well No.	Pool Name, Includi				of Lease Federal or Fe	1	2568-A	
Bondurant Federal Location			West	(Bolle op	inig/ 3/// //	/Pear	-rai			
Unit Letter H	. 1650		Feet From The No	rth Li	ne and 330	Fe	set From The	East	Line	
Section 1 Towns	_{hip} 19 S	outh	Range 32 East	. , N	ІМРМ,		Lea		County	
III. DESIGNATION OF TRA	NCDODTE	ያ ለ ፑ ለ፤	I. AND NATII	RAL GAS						
Name of Authorized Transporter of Oil	X	or Condens		Address (G	ve address to wh	ich approved	copy of this f	orm is to be se	nt)	
Koch Oil Company	<u> </u>			P	O. Box 15	58, Breci	cenridge,	Texas 76	024	
Name of Authorized Transporter of Cas			or Dry Gas	Address (Gi	ve address to wh					
Phillips 66 Natural Gas CogpM Gas Corporation			ration Æ. Fahrnarv	4004 Penbrook, Odessa, Texas 79762						
If well produces oil or liquids, give location of tanks.	Unit	1 1	/ [], Fe progry 198 32	is gas actua	lly connected? Yes	When	1 <i>f</i>			
				ing order num						
If this production is commingled with the IV. COMPLETION DATA	at from any ou					1 5	I Dive Deale	Same Res'v	Diff Basis	
Designate Type of Completio		Oil Well	Gas Well	New Well	<u> </u>	Deepen	Plug Back	Same Kes V	Diff Res'v	
Date Spudded	Date Com	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			
		TIDING	CASING AND	CEMENT	ING RECOR	<u></u>	.!			
HOLEGIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			T .	SACKS CEMENT		
HOLE SIZE	UA	CASING & TUBING SIZE			JE! JE!					
			5.5				J			
V. TEST DATA AND REQUI	EST FOR A	LLOWA	BLE	L. saval to a	r avered top allo	umble for the	ie denth or he	for full 24 hou	re)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		f load oil and must	Producing N	tethod (Flow, pu	mp, gas lift,	eic.)	101 Juli 24 710m	.,	
Date First New Oil Run 10 Talls	Date of Te	S4		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL				L			- 			
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Tosting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMPI	JANCE		<u> </u>		: - : :	—		
I hereby certify that the rules and reg					OIL CON	ISERV	AHON	DIVISIO	N	
Division have been complied with an	d that the info	mation give					1			
is true and complete to the best of m	y knowledge a	nd belief.		Date	e Approve	d	ini.		<u> </u>	
	\cap . \cap			11				். அத்தை நேர்வர்கள்	ı	
- Robert L. Br	addla	<u> </u>		Bv	O MES	Sala Sala		IT SEXTON		
Signature Robert L. Bradshaw		Env./Re	eg. Spec.	-,-		714		s un		
Printed Name			Title	Title						
15 November 1990			86-5678 hone No.					·	· · · · · · · · · · · · · · · · · · ·	

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.