

OIL CONSERVATION DIVISION

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

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

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

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

Operator Meridian Oil Inc.	Well API No. 30-025-31044
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. 7	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. LG-4087
Location				
Unit Letter P	: 510	Feet From The South	Line and 660	Feet From The East
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 Mexico 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 2528, Hobbs, New Mexico 88241-2528				
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, Texas 77001				
If well produces oil or liquids, give location of tanks.	Unit M	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/03/90	Date Compl. Ready to Prod. 12/11/90	Total Depth 11,550'		P.B.T.D. 11,475'				
Elevations (DF, RKB, RT, GR, etc.) 3863' GR.	Name of Producing Formation South Corbin (Wolfcamp)	Top Oil/Gas Pay		Tubing Depth 11,260'				
Perforations 11,204' - 11,264'		Depth Casing Shoe 11,550'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		391'		400 sx-Circulated			
12-1/4"	8-5/8"		2,928'		1400 sx-Circulated			
7-7/8"	5-1/2"		11,550'		2120 sx-TOC 4900'			
	2-7/8"		11,260'		11,104'			

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 12/13/90	Date of Test 12/20/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 310	Casing Pressure -0-	Choke Size 32/64"
Actual Prod. During Test	Oil - Bbls. 461	Water - Bbls. -0-	Gas- MCF 450

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 Env./Reg. Spec.
 Printed Name
 21 December 1990 Title
 915-686-5678
 Date
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 28 1990**
 By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT 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.