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

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

State of New Mexico
Energy, 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. 30-025-31253
Address P. O. Box 51810, Midland, Texas 79710-1810
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Percha 15 State Well No. 1 Pool Name, Including Formation West Corbin Delaware Kind of Lease State Federal or Fee State Lease No. V8-161
Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 15 Township 18-S Range 33-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Limited Partnership Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Conoco Transportation Inc. 1406, N. West County, Rd., Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit M Sec. 15 Twp. 18S Rge. 33E Is gas actually connected? Yes When? NA 7-14-91

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
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <u>6-13-91</u>	Date Compl. Ready to Prod. <u>6-24-91</u>	Total Depth <u>5491'</u>	P.B.T.D. <u>5435'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3874.7' GR</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>5100'</u>	Tubing Depth <u>2-7/8" @ 5259.35'SN</u>					
Perforations <u>5100'-5266'</u>			Depth Casing Shoe <u>5491'</u>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>432'</u>	<u>300 sxs</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>5491'</u>	<u>1400 sxs</u>

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 7-3-91 Date of Test 7-14-91 Producing Method (Flow, pump, gas lift, etc.) Pumping 2-1/2" X 1-1/4" X 26'
Length of Test 24hrs Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. 64 Water - Bbls. 204 Gas - MCF 48

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (puot. 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 Maria L. Perez
Printed Name Maria L. Perez, Production Asst. Title _____
Date 7-17-91 Telephone No. 915-686-5767

OIL CONSERVATION DIVISION

Date Approved _____
By JOHN J. HERRINGTON SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
JUL 22 1991
HOBBS OFFICE