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

State of New Mexico
Energy, Minerals and Natural Resources Department

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 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. 30-025-31326
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) 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"/>		
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bondurant Federal	Well No. 7	Pool Name, Including Formation Buffalo (Yates)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12568-A
Location Unit Letter G 1650 Feet From The North Line and 1900 Feet From The East Line Section 1 Township 19 South Range 32 East, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company	<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 1558, Breckenridge, Texas 76024
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, give location of tanks.	Unit G	Sec. 1
	Twp. 19S	Rge. 32
	Is gas actually connected? No	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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/12/91	Date Compl. Ready to Prod. 8/31/91	Total Depth 3740'	P.B.T.D. 3680'					
Elevations (DF, RKB, RT, GR, etc.) 3694' GR	Name of Producing Formation Buffalo (Yates)	Top Oil/Gas Pay 3484'	Tubing Depth 3410'					
Perforations 3484' - 3502'			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 606'	SACKS CEMENT 400 sx; circ 105 sx
7-7/8"	5-1/2"	3740'	800 sx C Lite & 300 sx
			C Neat

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 8/31/91	Date of Test 8/31/91	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 5-1/2 HRS / 24 hrs	Tubing Pressure 30	Casing Pressure 50	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 51 / 222	Water - Bbls. 69 / 301	Gas - MCF 100 / 436

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
Connie L. Malik
Printed Name
9/9/91
Date
Reg. Compliance R
Title
915-688-6898
Telephone No.

OIL CONSERVATION DIVISION
SEP 16 1991

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.

RECEIVED

SEP 13 1994

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HOUSE OFFICE