

OIL CONSERVATION DIVISION

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

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

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. 30-025-31380
Address P.O. Box 51810, Midland, TX 79710-1810		
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"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2-1-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 PERCHA 15 STATE	Well No. 2Y	Pool Name, including Formation CORBIN BONE SPRING, SOUTH	Kind of Lease State, Federal or Fee	Lease No. V8-161
Location				
Unit Letter N	660	Feet From The SOUTH	Line and 1830	Feet From The WEST
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 PRIDE PIPELINE LIMITED	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2436, ABILENE, TX 79604
Name of Authorized Transporter of Casinghead Gas WELL NOT PRODUCING GAS	<input checked="" type="checkbox"/> or Dry Gas <input checked="" 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 N	Sec. 15
	Twp. 18S	Rge. 33E
	Is gas actually connected?	When ?
	NO	

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 09-01-91	Date Compl. Ready to Prod. 09-26-91	Total Depth 11,590'	P.B.T.D. 11,540'					
Elevations (DF, RKB, RT, GR, etc.) 3875.4' GR	Name of Producing Formation BONE SPRING	Top Oil/Gas Pay 9912'	Tubing Depth 2 7/8" @ 9880'					
Perforations 9912' - 9940'	Depth Casing Shoe 11,590'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	436'	425 SXS					
12 1/4"	8 5/8"	2904'	1350 SXS					
7 7/8"	5 1/2"	11,590'	1590 SXS					

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 11-1-91	Date of Test 12-3-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 3.3	Water - Bbls. 23	Gas- MCF 0

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 MARIA L. PEREZ PRODUCTION ASST.
Printed Name 12-06-91 Title 915-688-6906
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.

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