

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 <b>MERIDIAN OIL INC</b>		Well API No. <b>30-025-31392</b>
Address <b>P.O. Box 51810, Midland, TX 79710-1810</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>REQUEST TEST ALLOWABLE FOR 2700 BBL'S CASINGHEAD GAS MUST NOT BE PLACED AFTER 8-5-92 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>CORBIN STATE</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>SOUTH CORBIN (WOLFCAMP)</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>LH-1840</b>
Location Unit Letter <b>H</b> : <b>510</b> Feet From The <b>EAST</b> Line and <b>1980</b> Feet From The <b>NORTH</b> Line Section <b>16</b> Township <b>18-S</b> Range <b>33-E</b> , <b>NMPM</b> , <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>PRIDE PIPELINE</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 2436 ABILENE, TX 79604</b>	
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 <b>H</b>	Sec. <b>16</b>	Twp. <b>18-S</b>
		Rge. <b>33-E</b>	Is gas actually connected? <b>NO</b>
			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 <b>4/27/92</b>	Date Compl. Ready to Prod. <b>5/23/92</b>		Total Depth <b>11,550'</b>		P.B.T.D. <b>11,500'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3898.3 GR</b>	Name of Producing Formation <b>WOLFCAMP</b>		Top Oil/Gas Pay <b>11,202'</b>		Tubing Depth <b>2-7/8" - 11,070'</b>			
Perforations <b>11,202'-11,258' WOLFCAMP</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>395'</b>		<b>425 sx surf</b>			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>2935'</b>		<b>1750 sx surf</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>11,550'</b>		<b>2125 sx 2450'</b>			

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 <b>6/5/92</b>	Date of Test <b>6/4/92</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOWING</b>	
Length of Test <b>14 HRS / 24 hrs</b>	Tubing Pressure <b>265</b>	Casing Pressure <b>0</b>	Choke Size <b>24/64"</b>
Actual Prod. During Test	Oil - Bbls. <b>190 / 326</b>	Water - Bbls. <b>5 / 9</b>	Gas - MCF <b>190 / 326</b>

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 Roxann Scholz  
Printed Name **ROXANN SCHOLZ** Title **PROD ASST**  
Date **6/8/92** Telephone No. **(915)688-6943**

OIL CONSERVATION DIVISION

Date Approved 6/10/92  
By Paul Kautz Orig. Signed by  
Title Geologist

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  
JUN 12 1992  
OCD HOBBS OFFICE

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