Submit 5 Copies
App. priste District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico lergy, Minerals and Natural Resources Departn...... t

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	•	TO TRA	NSPC	ORT OIL	AND NA	TURAL GA					
Operator MERIDIAN OIL INC.					Well API No. 30-025-31439						
						<del></del>	30-	025-3 143			
Address P.O. Box 51810, Midland	, TX 75	9710–18	10								
Reason(s) for Filing (Check proper box)					X Oth	er (Please expla	in)	<del></del>			
New Well		Change in	•			CORRECT					
Recompletion	Oil	_	Dry Gas Condens			L WELL PO ONNECT					
Change in Operator	Casinghea	a Gas	Conoen	Date		ETTING				LDG	
If change of operator give name and address of previous operator								AND P	БТО	<del></del>	
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name					ng Formation	all rel		of Lease Federal or Fed RAL		2568-A	
BONDURANT FEDERAL		9	BUFF	ALO YAT	ES ∧ - 96	46 4/11	92 FEDE	BAL	- Idivi- I		
Unit Letter F	: 1650 Feet From The NORTH Line and 2210 Feet From The WEST						Line				
Section 1 Townsh	in 19	-S	Range	32-E	. N	мРМ,		LEA		County	
Section 10was:	Ψ		телде			·····		·			
III. DESIGNATION OF TRAN				NATU						4	
Name of Authorized Transporter of Oil KOCH SERVICE, INC.	<u>*</u>	or Conden					256, WIC	HITA, KS	37201		
Name of Authorized Transporter of Casin PHILLIPS 66 NATURAL GAS	ighead Gas CO. GP	M Gas C	or Dry (	Gas etion - <del>Febru</del> a	Address (Giv	4001 PENE y connected?	BROOK, OD	copy of this for	orm is to be se XAS 79762	nt) 2	
If well produces oil or liquids, give location of tanks.	Unit	Sector 1	195	Rge.	ls gas actuali	y connected? YES	When	? 12	-19-91		
If this production is commingled with that	from any oth	er lease or p	oool, give	comming	ing order numl	per:					
IV. COMPLETION DATA		100 771 11		717.11	1	1 30. 1 .	1 5	- n i	10 5 .		
Designate Type of Completion	- (X)	Oil Well	l G	as Well	New Well	Workover	Deepen	l Ling Rack	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	L Ready to	Prod.		Total Depth		<b></b>	P.B.T.D.	1	<del></del>	
11-15-91		11-21-91			3720			3570 <b>'</b>			
Elevations (DF, RKB, RT, GR, etc.) 3703.3' GR	Name of Pr	roducing Fo			Top Oil/Gas Pay 3461'			Tubing Depth			
3703.3' GR YATES				······	<u> </u>	3401		2-7/8" @ 3354 ' Depth Casing Shoe			
		3461'-	3482'					3720'			
	Т	UBING,	CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	SING & TU		IZE		DEPTH SET		SACKS CEMENT			
12-1/4"	<del> </del>	8-5/8" 5-1/2"			600' 3720'			400 SXS - SURF. 872 SXS - SURF.			
7–7/8"	<del> </del>	5-1/			<u> </u>	3720		012 333 - SUKF.			
	1										
V. TEST DATA AND REQUE											
OIL WELL (Test must be after )			of load o	il and must					for full 24 hour	3.)	
Date First New Oil Run To Tank 12-8-91	Date of Tes	1 12-17-9	91		Producing Method (Flow, pump, gas lift, etc.) FLOWING						
Length of Test	Tubing Pres				Casing Pressu			Choke Size			
24 HRS		325#		_		0#		16/64"			
Actual Prod. During Test	Oil - Bbls.	<del> </del>			Water - Bbls.			Gas- MCF			
		143				70	<del></del>	<u> </u>	107		
GAS WELL					· <u></u>			·			
Actual Prod. Test - MCF/D	Length of I	Cest	_		Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
<del>-</del>											
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE		NI 001	ICEDY				
I hereby certify that the rules and regul						DIL CON				iN	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				The state of the s							
	$\nu$				Date	Approved	J				
Maria 1.	Pk.	13			D						
Signature MARIA L. PEREZ		PROD	. ASST		By_	1.5			<del></del>	<del></del>	
Printed Name			Title	<del></del>	Title		-				
12-20-91		915-6			"1110.	:				<del></del>	
Date		Telen	hone No	L	11						

## 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.

WELL:	Bondurant Fed -#9
LOCATION:	1650' FNL & 2310 FWL Sec. 1 TWP 19 RNG 32 Cty Lea ST NM Proj TD 3800
_	( Give Unit, Section, Township, and Range)
OPERATOR:	Meridian Oil Inc. P.O. Box 51810, Midland, TX 79710
DRILLING (	CONTRACTOR: Myers Drilling Company, P.O. Box 60366, Midland, TX 79711

The undersigned hereby certifies that he/she is an authorized representative of the drilling contractor who drilled the above-described well and that he/she has conducted diviation tests and obtained the following results:

Degrees	@ Depth	Degrees	(ð	Depth	Degrees	9	Depth
250	1/4						
560	1/8						
600	1/2						
900	1/2						
1189	3/4						
1502	3/4						
1811	3/4						
2128	1						
2410	1						
2690	1 3/4						
2910	2 1/2						
3210	1 3/4						
3480	1 1/4						
3720	3/4						

Subscribed and sworn to before me this 5th day of Learnhan.

Nortary Public Chayl L. But

3.31.-95

My commission expries

Myers Drilling Company

Drilling Contractor.

Evalue Green - Bookkeeper