

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Departn.

## 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

Operator MERIDIAN OIL INC.	Well API No. 30-025-31439
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: REQUEST TEST ALLOWABLE TO MOVE Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 2500 BARRELS OF OIL PRIOR TO POTENTIAL TEST Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Dec-1991	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name BONDURANT FEDERAL	Well No. 9	Pool Name, Including Formation BUFFALO YATES	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-12568-A
Location Unit Letter F, 1650 Feet From The NORTH Line and 2210 Feet From The WEST Line Section 1 Township 19-S Range 32-E, NMPM, LEA County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH SERVICE, INC. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2256, WICHITA, KS 67201					
Name of Authorized Transporter of Casinghead Gas PHILLIPS 66 NATURAL GAS CO. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4004 PENBROOK, ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 1	Twp. 19S	Rge. 32E	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 11-15-91	Date Compl. Ready to Prod. 11-21-91		Total Depth 3720		P.B.T.D. 3690'			
Elevations (DF, RKB, RT, GR, etc.) 3703.3' GR	Name of Producing Formation YATES		Top Oil/Gas Pay 3461'		Tubing Depth 2-7/8" @ 3400'			
Perforations 3461'-3568'					Depth Casing Shoe 3720'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		600'		400 SXS - SURF.			
7-7/8"	5-1/2"		3720'		872 SXS - SURF.			

### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

### 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 PROD. ASST.  
Printed Name 11-27-91 Title 915-688-6906  
Date 11-27-91 Telephone No. 915-688-6906

### 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.