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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Department of Conservation and Natural Resources

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. 30-025-31440
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) TO SHOW TEST DATE & DELETE GAS GATHERER. GAS BEING FLARED. NOW NEGOTIATING GAS CONTRACT
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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. 8	Pool Name, Including Formation BUFFALO YATES 19646 4/1/92	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-12568A
Location Unit Letter C : 990 Feet From The NORTH Line and 2310 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 NOW NEGOTIATING CONTRACT	<input checked="" 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 C	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-8-91	Date Compl. Ready to Prod. 11-15-91		Total Depth 3700		P.B.T.D. 365'			
Elevations (DF, RKB, RT, GR, etc.) 3698.4' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3496		Tubing Depth 3700'			
Perforations 3496-3512					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 "		605'		400 44 - AWJ			
7 7/8	5 1/2 "		3700'		750 44 - AWJ			

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 11-20-91	Date of Test 11-22-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 8 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 59	Water - Bbls. 94	Gas- MCF 24

GAS WELL - CALC 24 HR RATE: 177 BO, 282 BW, 75 MCF

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
Printed Name MARIA L. PEREZ
Date 12-05-91
Title PROD. ASST.
Telephone No. 915-688-6906

OIL CONSERVATION DIVISION

Date Approved 12 14 91

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.