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

State of New Mexico ergy, Minerals and Natural Resources Departm.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Santa Fe, New Mexico 6/304-2006

TO TRANSPORT OIL AND NATURAL GAS 1 Well API No. Operator MERIDIAN OIL INC. 30-025-31440 Address P.O. Box 51810, Midland, TX 79710-1810 Other (Please explain) Reason(s) for Filing (Check proper box) X REQUEST TEST ALLOWABLE TO MOVE Change in Transporter of: New Well 2500 BARRELS OF OIL PRIOR TO POTENTIAL TEST 1 i Dry Gas Recompletion Casinghead Gas Condensate Dec 1991 Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. Lease Name State Federal or Fee FEDERAL NM-12568A **BONDURANT FEDERAL** Я **BUFFALO YATES** Location . 990 Feet From The NORTH Line and 2310 __ Feet From The WEST Unit Letter C Line Range 32-E 19-S , NMPM, Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X BOX 2256, WICHITA, KS. 67201 KOCH SERVICE, INC. Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) X or Dry Gas PHILLIPS 66 NATURAL GAS CO. 4004 PENBROOK, ODESSA, TEXAS 79762 Is gas actually connected? Twp. Rge. When? If well produces oil or liquids, Unit Sec. give location of tanks. 195 32E C If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) | X X Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. 3700' 11-8-91 11-15-91 3657' Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth 3698.4' GR **YATES** 3496' 2-7/8" @3400' Depth Casing Shoe Perforations 3700' 3496'-3512' TUBING, CASING AND CEMENTING RECORD **DEPTH SET** CASING & TUBING SIZE SACKS CEMENT HOLE SIZE 605 400 SXS - SURF. 12-1/4" 8-5/8" 3700 750 SXS - SURF. 7-7/8" 5-1/2" 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbis. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _ By_ Signature MARIA L. PEREZ PROD. ASST. Printed Name 11-27-91 Title Title_ 915-688-6906 Telephone No. Date

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.