

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	
Address 21 Desta Drive, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Meridian Oil Inc. is now operator for this lease as of 10-1-88.
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinhead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Amoco Prod Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "AF"	Well No. 1	Pool Name, including Formation North Young (Bone Spring)	Kind of Lease State, Federal or Fee Federal NM	Lease No. 18232
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>18S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 3609, Midland, Tx 79702	
Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, Tx 77252	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 8
	Twp. 18S	Rge. 32E
	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Cathy Nobles
(Signature)

Operations Tech III

(Title)

10/18/88

(Date)

OIL CONSERVATION DIVISION

APPROVED 607 2 1 1988, 19 _____
BY Drig. Signed by
Paul Kautz
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 26 1961

CCD
HOBBS OFFICE

November 1983)
Formerly 9-331)

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 83240

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-40448
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL x 1980' FWL (UNIT K, NE 1/4, SW 1/4)	8. FARM OR LEASE NAME Federal AF
14. PERMIT NO. 300252740600	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756' GR	10. FIELD AND POOL, OR WILDCAT North Young Bone Springs
	11. SEC., T., R., OR BLK. AND SURVEY OR AREA 8-18-32
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

MISU 9-2-85 and killed well. POH with production equipment. RIH with a pin point injection packer and set at 8315'. Acidized 25 intervals, in 5' spacings, from 8510'-8355' with 250 gals 15% HCL acid per setting. Flushed with 48 BBLs 2% KCL FW. Released PPIP and POH. RIH with packer and tubing. Set packer at 8178'. Acidized Bone Springs interval 8355'-8510' with 20000 gals gelled 20% HCL acid and 48000 gals 40# cross-linked 2% KCl. Flushed with 57 BBLs 2% KCl FW. Swabbed 3 hrs. Released packer and POH. Re-ran production equipment. Tubing landed at 8541'. MOSU 9-9-85 and pump tested 8 days. Work completed 9-19-85.
PAWD: 47BOPD, 74BWPD, 140MCFD.

0 + 5 BLM, 1 JRB, 1 - FJN, 1 - CMH

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Administrative Analyst (SG)

DATE

9/20/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 30 1985

*See Instructions on Reverse Side

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OCT - 3 1985
MOBBS OFFICE