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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil	Well API No. 30-025-30581
Address 21 Desta Drive Midland, Texas 79705	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) _____ Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 'AM'	Well No. 1 2	Pool Name, including Formation North Young (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. NM-18232
Location Unit Letter C 1980 Feet From The West Line and 660 Feet From The North Line Section 8 Township 18-South Range 32-East NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, Texas 76024				
Name of Authorized Transporter of Casinghead Gas Conoco Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 8	Twp. 18-S	Rge. 32-E	Is gas actually connected? Yes	When? Unknown

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 4-19-89	Date Compl. Ready to Prod. 6-16-89	Total Depth 8900'		P.B.T.D. 8824'					
Elevations (DF, RKB, RT, GR, etc.) 3802' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8380'		Tubing Depth 8520'					
Perforations 8380-8440					Depth Casing Shoe --				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		421'		425 sxs.				
12-1/4"	8-5/8"		2800'		1700 sxs.				
7-7/8"	5-1/2"		8900'		1640 sxs.				

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 6-17-89	Date of Test 6-21-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hr.	Tubing Pressure 350	Casing Pressure 900	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 413	Water - Bbls. 5	Gas - MCF 790

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
Marianne Martin
Printed Name
Marianne Martin
Date
6-27-89
Title
Operations Tech III
Telephone No.
(915) 686-5657

OIL CONSERVATION DIVISION

JUN 29 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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JUN 28 1967
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