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

State of New Mexico Eucagy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	, , , , , , , , , , , , , , , , , , , ,		IL AND NAT	ONALC		API No.			
Meridian Oil I	30-025-30606								
21 Desta Drive	Midland To	/ac 70705						<u> </u>	
Reason(s) for Filing (Check proper box		(as 73703	Other	r (Please exp	dain)			-	
New Well	Change	in Transporter of:		i ii iewe aq	•				
Recompletion	Oil [Dry Gas			Approvi	of to flare	casinghea	d gas from	
Change in Operator	Casinghead Gas	Condensate			BUREAU	I must be OF LAND M	DOTAINED MANAGEMEN	Trom the Tribum	
f change of operator give name and address of previous operator							THE STATE OF THE S	- (OLIVI)	
IL DESCRIPTION OF WEL	LANDIEACE			 -					
Lease Name	Well No.	Dool Name Inches	A re-	, , , a	1 3 7 8 7				
Federal "AF"	2	Pool Name, Inclu	ng (Wolfca			of Lease Federal or Fe		.ease No. 1448	
Location Unit LetterN	: 560	_ Feet From The	South	1.9	380 -		West		
			Line	and	F	cet From The	MEST	Line	
Section 8 Towns	ship 18 South	Range 32	East, NM	PM,			Lea	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF C	OIL AND NATU	RAL GAS						
•	Address (Give address to which approved copy of this form is to be sent)								
Koch Gil Company Name of Authorized Transporter of Cas	P. O. Box 3609, Midland, TX 79702								
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco Inc.			Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, TX 77252						
If well produces oil or liquids,	Unit Sec.	Unit Sec. Twp. Rge.							
ive location of tanks.	_ N 8	1 F. 1 200		is gas actually connected? When					
this production is commingled with the		pool, give comming	ting order numbe	г.		<u>known</u>		· · · · · · · · · · · · · · · · · · ·	
V. COMPLETION DATA									
Designate Type of Completion	n - (X) Oil Wel	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to		Total Depth		1	P.B.T.D.	<u> </u>		
5/11/89 Elevations (DF, RKB, RT, GR, etc.)		6/23/89 Name of Producing Formation		10,800' Top Oil/Gas Pay			P.B.T.D. 10,746'		
3772' GR	Wolfcamp			10,450'			Tubing Depth 10,361'		
erforations						Depth Casing Shoe			
10,458' - 484'	and 10,634' -								
		CASING AND	CEMENTING	G RECOR	D				
HOLE SIZE 17 1/2"	CASING & TI	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	13 3/8"		2805'			425			
12 1/4"		8 5/8"				1450'			
7 7/8"		5 1/2"		10800'			1850'		
'. TEST DATA AND REQUE	2 7/8" (TBG)	1036						
Date First New Oil Run To Tank	recovery of total volume Date of Test	of load oil and must	be equal to or ex	ceed top allo	wable for this	depth or be f	or full 24 hou	3.)	
6/23/89			Producing Meth	oa (<i>rio</i> w, pu	mp, gas lift, e	ic.)			
ength of Test	6/29/89 Tubing Pressure		Flowing Casing Pressure			Choke Size			
24		550		-0-			20/64		
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF 400		
	410								
GAS WELL	710	· · · · · · · · · · · · · · · · · · ·	<u>r</u>	<u></u>		70	<u> </u>		
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensat	e/MMCF		Gravity of C			
				CIVILVICI		Gravity of C	Ondensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
L OPERATOR CERTIFIC	ATE OF COMP	LIANCE							
I hereby certify that the rules and regu	lations of the Oil Conserv	vation	0	L CON	SERVA	I NOITA	DIVISIO	N	
Division have been complied with and									
is true and complete to the best of my	smowledge and belief.		Date A	pproved	ال ا	UL 3	1989		
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FOLGET I. Dra	, p.,		Orig. Si	gned by					
Robert L. Brads	By Paul Kautz Geologist								
Printed Name	7731		Lie 010	ng 18180					
June 30, 1989		Title -5678	Title						
Date	Telep	phone No.							

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.