

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-02530766
Address 21 Desta Dr., Midland, TX 79705	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Approval to flare casinghead gas from Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> this well must be obtained from the Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> BUREAU OF LAND MANAGEMENT (BLM)	

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shinnery Federal	Well No. 5	Pool Name, Including Formation Querocho Pt. (Delaware)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-56745
Location Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line Section 13 Township 18 South Range 32 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline	<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 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas	<input 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 F Sec. 13 Twp. 18S Rge. 32E	Is gas actually connected? No When? Not known at this time.

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded 12/27/89	Date Compl. Ready to Prod. 4/24/90	Total Depth 8711'	P.B.T.D. 5400'
Elevations (DF, RKB, RT, GR, etc.) 3845' GR.	Name of Producing Formation Delaware	Top Oil/Gas Pay 5006'	Tubing Depth 4967'
Perforations 5006-5208	5006'-68'	Depth Casing Shoe 8711'	
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	400'	425 sx-Circulated
12 1/4"	8 5/8"	2898'	1350 sx-Circulated
7 7/8"	5 1/2"	8711'	960 sx-TOC 2270'
	2 7/8" Tbg.	4967'	

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 27 April 1990	Date of Test 02 May 1990	Producing Method (Flow, pump, gas lift, etc.) Pump: 2 1/2" x 1 3/4" x 30' 3-Tube	
Length of Test 24 Hours	Tubing Pressure -0-	Casing Pressure -0-	Choke Size
Actual Prod. During Test	Oil - Bbls. 113	Water - Bbls. 204	Gas- MCF 50

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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 Robert L. Bradshaw
Robert L. Bradshaw Env./Reg. Spec.
Printed Name Title
03 May 1990 915-686-5678
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 8 1990

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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MAY 7 1990
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HOBBS OFFICE

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