

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Meridian Oil Inc.		Well API No. 30-025-30891
Address 21 Desta Dr., Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-23-90</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: 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 Mitchell "16" State	Well No. 2	Pool Name, Including Formation Young (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. V-1357
Location Unit Letter <u>A</u> : <u>469</u> Feet From The <u>North</u> Line and <u>554</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>18 South</u> Range <u>32 East</u> , 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 2197, Houston, Texas 77001				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 16	Twp. 18S	Rge. 32E	Is gas actually connected? No	When ? ASAP

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 x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/09/90	Date Compl. Ready to Prod. 6/22/90		Total Depth 11,100'		P.B.T.D. 10,851'			
Elevations (DF, RKB, RT, GR, etc.) 3799'GR.	Name of Producing Formation Young (Wolfcamp)		Top Oil/Gas Pay 10,816'		Tubing Depth 10,835'			
Perforations 10,816' - 10,844'					Depth Casing Shoe 10,873'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		351'		240 sx-Circulated			
12 1/4"	8 5/8"		2900'		1445 sx-Circulated			
7 7/8"	5 1/2"		10,873'		2800 sx			
2 7/8" Tubing			10,835'					

**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 6/23/90	Date of Test 6/24/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 520	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 512	Water - Bbls. -0-	Gas- MCF 250

**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.

Robert L. Bradshaw  
Signature  
Robert L. Bradshaw  
Printed Name  
29 June 1990  
Date  
Env./Reg. Spec.  
Title  
915-686-5678  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUL 05 1990  
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.

RECEIVED

JUL 8 1990

OCD  
HOBBS OFFICE