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

State of New Mexico unergy, Minerals and Natural Resources Depart. Lit

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

1.		TO TRA	NSPC	RT OI	L AND NA	TURAL G	AS				
Operator Meridian Oil Inc.		-		985							
Address 21 Desta Dr., Midland,	TY 79705										
Reason(s) for Filing (Check proper bo						(D)	,				
New Well	4)	C	P			ner (Please exp	•	_			
F	•	Change in 1			Request 2000 B.O. Test Allowable. Perfs.: 10,794'-10,829'; 10,754'-10,762'						
Recompletion							/94°-10,	829'; 10,	754'-10,	762'	
Change in Operator If change of operator give name	Casinghea	d Gas	Condens	ate						· · · · · · · · · · · · · · · · · · ·	
and address of previous operator					- 						
II. DESCRIPTION OF WELL	L AND LE										
After hell Hack Over					· ·			of Lease Lease No. Federal or Fee V-1357			
Location	3 Young (Wo				camp) Stat			ie.	∞ V-13	<u> </u>	
Unit Letter G	<u>. 1650</u>		Feet From	n The No	orth Lie	e and 2310	r	eet From The	East	Line	
Section 16 Town	uship 18 S	outh p	Range 3	32 East	t , <u>N</u>	MPM,		Lea		County	
III. DESIGNATION OF TRA	ANSPORTE	R OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil Koch Oil Company	X	or Condensa			Address (Giv	e address to w	hick approve	d copy of this	form is to be s	ent)	
Name of Authorized Transporter of Car		P.O. Box 1558, Breckenridge, Texas 76024									
Conoco, Inc.					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, Unit Sec. Twp. ive location of tanks. H 16 188				Rge. 32E	is gas actuali	y connected?	When				
f this production is commingled with th						Yes					
V. COMPLETION DATA	·	Oil Well		Well			······································	·	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completio	on - (X)	Ou wen	Cal	. Mell	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe			
1101 5 0175	TUBING, CASING AND						D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
											
TECT DATE AND DECIS											
TEST DATA AND REQUE Test must be after											
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	u votume oj i	oaa ou a	ina musi c	Producing Me	thod (Flow, pur	wable for this	depth or be f	or full 24 hou	rs.)	
							· ψ·, χω : yı, ε	<i>,</i>		•	
ength of Test	Tubing Pressure				Casing Pressur	2	•	Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	1										
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T ODED A MOD COST				 ,	r						
I. OPERATOR CERTIFIC				E			0 E D	71011			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my	that the information that the information that the information is the information is the information in the information in the information is the information in	ation given al belief.	bove		D = 1 =	A		OBT 1	2 1990		
Di austr	0				Date i	Approved					
Signature	man Xa	w		_	Ву	Orig	g. Signed	ny			
Robert L. Bradshaw Env./Reg. Spec.					Paul Kautz						
Printed Name 10 October 1990	Name Title					Title					
10 October 1990 915-686-5678					1100						

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.

Telephone No.

- 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

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