

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. 30-025-31258
Address P.O. Box 51810, Midland, TX 79710-1810		CASINGHEAD GAS MUST NOT BE
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		PLACED AFTER <u>9-13-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name YOUNG 16 STATE	Well No. 1	Pool Name, Including Formation YOUNG (DELAWARE) <u>North</u>	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1880</u> Feet From The <u>EAST</u> Line Section <u>16</u> Township <u>18-S</u> Range <u>32-E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH SERVICES INC. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2256, WICHITA, KANSAS 67201					
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) Box 1429, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 16	Twp. 18-S	Rge. 32-E	Is gas actually connected? No	When ?
If this production is commingled with that from any other lease or pool, give commingling order number: In process of filing for commingling						

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 6-24-91	Date Compl. Ready to Prod. 7-5-91		Total Depth 5754		P.B.T.D. 5710'			
Elevations (DF, RKB, RT, GR, etc.) 3798'GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5554'		Tubing Depth 2-7/8" @ 5436'			
Perforations 5554'-5626'					Depth Casing Shoe 5754			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 425'		SACKS CEMENT 300 sxs-Surface			
7-7/8"	5-1/2"		5754'		1300 sxs-Surface			

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 7-13-91	Date of Test 7-24-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2-1/2" X 1-1/4" X 24'	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 139	Water - Bbls. 211	Gas- MCF 150

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 <u>Maria L. Perez</u>	Prod. Asst.
Printed Name 7-26-91	Title 915-686-5767
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	Orig. Signed by <u>Paul Kautz</u> Geologist
By	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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HOBBS OFFICE