

OIL CONSERVATION DIVISION

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

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

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. 30-025-31472
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> REQUEST TEST ALLOWABLE OF 2500 BO. Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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 MITCHELL "16" State	Well No. 4	Pool Name, Including Formation NORTH YOUNG (DELAWARE) R-9646 4/1/92	Kind of Lease State, Federal or Fee STATE	Lease No. V-1357
Location Unit Letter A : 660 Feet From The NORTH Line and 990 Feet From The EAST Line Section 16 Township 18-S Range 32-E, NMPM, LEA 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) P.O. BOX 2256, WICHITA, KANSAS 67201					
Name of Authorized Transporter of Casinghead Gas CONOCO TRANSPORTATION 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) 1406 N. WEST COUNTY RD., HOBBS, N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 16	Twp. 18-S	Rge. 32-E	Is gas actually connected? YES	When? 12-29-91

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-86

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 12-2-91	Date Compl. Ready to Prod. 12-16-91		Total Depth 5750'		P.B.T.D. 5692'			
Elevations (DF, RKB, RT, GR, etc.) 3794' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5497'		Tubing Depth 2-7/8" @ 5412'			
Perforations 5497'-5566'					Depth Casing Shoe 5750'			
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"		5750'		1500 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 12-29-91	Date of Test 1-5-92	Producing Method (Flow, pump, gas lift, etc.) PUMPING, 2-1/2" X 1-1/4" X 25'	
Length of Test 24 HRS	Tubing Pressure NOT AVAILABLE	Casing Pressure NOT AVAILABLE	Choke Size
Actual Prod. During Test	Oil - Bbls. 140	Water - Bbls. 104	Gas- MCF 94

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 Maria L. Perez  
Printed Name MARIA L. PEREZ PROD. ASST.  
Date 1-7-92 Title 915-688-6906  
Telephone No.

OIL CONSERVATION DIVISION

JAN 09 '92

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.