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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico ergy, Minerals and Natural Resources Depart

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A•		IUIN	HINOLI		ころいひいか	I I UMAL G	MS .				
Operator							Well	API No.			
MERIDIAN OIL INC.						30-025-31557					
P.O. Box 51810, Midland	, TX 7	9710-18	810				<u> </u>				
Reason(s) for Filing (Check proper box) New Well [X]		<b>~</b> ,	<b>.</b>		Ot	ner (Please exp	lain)				
	0.1	Change in	•								
Recompletion	Oil Cosingha	.46	Dry Ga	F7							
Change in Operator	Casinghe	ad Gas	Conden	Issue		<del> </del>					
and address of previous operator	······································		<u></u>		·						
II. DESCRIPTION OF WELL	AND LE	<del>,</del>	T=						<del></del> -		
Lease Name Well No. Pool Name, Incl MITCHELL "16" STATE 5 NORTH YOU					ang romation  G (DELAWARE)			Kind of Lease Lease State_Federal or Fee V-1357		ease No. 57	
Location			NON	H TOUNG	a (DELAW)	ARE)	ISTA	TE	<u> </u>	<del></del> -	
Unit Letter H	: 1650		_ Feet Fro	om The NO	ORTH Lin	e and 890		eet From The	EAST	Line	
Section 16 Township 18-S Range 32-E					, NMPM,			LEA County			
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU							
Name of Authorized Transporter of Oil KOCH INC.	X	or Conder	nsaie		Address (Gi	e address to w				int)	
		P.O. BOX 2256, WICHITA, KS 67201									
Name of Authorized Transporter of Casin CONOCO TRANSPORTATION	Gas	Address (Gir	ve address to w 06 N. WES	hich approve IT COUNT	copy of this form is to be sent) - RD, HOBBS, NM 88240						
If well produces oil or liquids, ive location of tanks.	Unit H	Sec.   TV   16   18		Rge.   32-E	is gas actually connected? YES		Whe	When ? 5/22/92			
this production is commingled with that V. COMPLETION DATA	from any oth	er lease or	pool, give	e comming!	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	pl. Ready to Prod.			Total Depth	1	.I	P.B.T.D.	1	<u> </u>		
4/30/92	5/12/92				5800'			5750'			
Elevations (DF, RKB, RT, GR, etc.) 3788.5 GR	Name of Producing Formation DELAWARE				Top Oil/Gas Pay 5594'			Tubing Depth 5562'			
erforations	WARE				Depth Casing Shoe						
	7	UBING.	CASIN	IG AND	CEMENTI	NG RECOR	D			<del></del>	
HOLE SIZE CASING & TUBING					DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"			406'			300 SX				
7–7/8"	5-1/2"				5798'			1430 SX			
. TEST DATA AND REQUES											
IL WELL (Test must be after r	Date of Tes		of load oi						or full 24 hour	s.)	
ate First New Oil Run To Tank 5/23/92		Producing Method (Flow, pump, gas lift, etc.) PUMP 1.25" RHBC									
ength of Test	Table B	5/28/9			Casina Dana		P 1.25" I	Choke Size		<del></del>	
24 HRS	Tubing Pressure NA				Casing Pressure			NA NA			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
	51				200				40		
GAS WELL											
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	sate/MMCF		Gravity of C	ondensate		
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COM	TANT	72	<u> </u>			٠			
I hereby certify that the rules and regula Division have been complied with and t	tions of the (	Dil Conserv	ation		C	IL CON	SERV	1 NOITA	OIVISIO	N	
is true and complete to the best of my k	nowledge an	d belief.			Date	Approved	d				
Kayam Scholy					D.	ilgg.	Jan San				
Signature PRODUCTION ASST.					By Paul Paul						
Printed Name ROXANN SCHOLZ			Title		Title_	Liej	AL <sub>E</sub> . Tem				
Date (1001000)		915-6 Telep	hone No.		•						
		P									

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
JUN 1 5 1992

OCD HOBBS OFFICE