

OIL CONSERVATION DIVISION

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

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. 30-025-31906
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 type="checkbox"/> Change in Transporter of: PLUG BACK - RECOMPLETION FRM THE RED TANK Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> BONE SPRING TO THE WEST RED TANK DELAWARE. 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 _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHECKERBOARD 23 FEDERAL	Well No. 1	Pool Name, Including Formation WEST RED TANK DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-81633
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 23 Township 22S Range 32E , 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 GPM GAS CORPORATION <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 22S	Rge. 32E	Is gas actually connected? YES	When? 8-28-93

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	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 8-25-93	Date Compl. Ready to Prod. 8-28-93		Total Depth 10,050'		P.B.T.D. 8550' CMT RET			
Elevations (DF, RKB, RT, GR, etc.) 3721.1' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 8383'		Tubing Depth 2-7/8" @ 8350'			
Perforations 8383' - 8477'					Depth Casing Shoe 10,050'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		855'		885 SXS-SURFACE			
12-1/4"	8-5/8"		4600'		5100 SXS-SURFACE			
7-7/8"	5-1/2"		10050'		825 SXS-TOC @2400'			
SEE SUNDRY'S AMENDING CMT JOB ON 8-5/8" and 5-1/2" CASING DATED 9-3-93								

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 8-28-93	Date of Test 9-3-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 250#	Casing Pressure 910#	Choke Size 32/64"
Actual Prod. During Test	Oil - Bbls. 472	Water - Bbls. 215	Gas- MCF 528

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  
MARIA L. PEREZ PRODUCTION ASST.  
Printed Name Title  
9-3-93 915-688-6906  
Date Telephone No.

OIL CONSERVATION DIVISION

SEP 10 1993

Date Approved \_\_\_\_\_

By \_\_\_\_\_ Orig. Signed by

Paul Kautz  
Geologist

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**

SEP 09 1993

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