

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. 30-025-31906
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: REQUEST TEST ALLOWABLE OF 2000 BO WHILE Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> TESTING WELL PRIOR TO POTENTIAL TEST. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Sept 1993	
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 EAST LIVINGSTON RIDGE DELAWARE	Kind of Lease 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	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit J Sec. 23 Twp. 22S Rge. 32E	Is gas actually connected? NO When ?

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
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' - 8441'	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
12-1/4"	8-5/8"	4600'	1850 SXS
7-7/8"	5-1/2"	10050'	1650 SXS

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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 PRODUCTION ASST.
Printed Name MARIA L. PEREZ Title
Date 9-1-93 Telephone No. 915-688-6906

OIL CONSERVATION DIVISION

Date Approved SEP 03 1993

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 02 1993

**UDENRUS
OFFICE**