

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

OIL CONSERVATION DIVISION

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

I.

Operator Meridian Oil Inc.	Well API No. 30-025-31907 ✓
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Checkerboard 23 Fed.	Well No. 2	Pool Name, including Formation Red Tank Bone Spring	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-81633
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>22S</u> Range <u>32E</u> , <u>NMPM</u> , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch <u>Services</u>	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM <u>gas corp</u>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 22S	Rge. 32E	Is gas actually connected? yes	When? 4-29-93

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-5-93	Date Compl. Ready to Prod. 4/19/93		Total Depth 10,025'		P.B.T.D. 9985'			
Elevations (DF, RKB, RT, GR, etc.) 3729.9	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9890'		Tubing Depth 2 7/8" @ 9860'			
Perforations 9890-9908					Depth Casing Shoe 10,025'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		850'		540 SXS			
12 1/4"	8 5/8"		4608'		3125 SXS			
7 7/8"	5 1/2"		10025'		1175 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 4-19-93	Date of Test 4-26-93	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hours	Tubing Pressure 500 psi	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 188	Water - Bbls. 45	Gas- MCF 379

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.

Donna Williams
Signature
Donna Williams Production Assistant
Printed Name
5-4-93 915-688-6943
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1993
By ORIGINAL SIGNED BY JERRY CANTON
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.