

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-025-25773

1. OPERATOR	
Meridian Oil Inc.	
Address 21 Desta Drive Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Meridian Oil Inc. is Operator for El Paso Production Company
Recompletion <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/> Operator	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner El Paso Natural Gas Co., 1800 Wilco Building, Midland, Tx 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Shell State "E" Com</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Eumont (Yates-7Rivers-Queen)</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>State B-1398-10</u>
Location				
Unit Letter <u>N</u>	<u>3566</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>West</u>	
Line of Section <u>6</u>	Township <u>21S</u>	Range <u>36E</u>	County <u>Lea</u>	State <u>N.M.P.M.</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually condensed? When
Unit <u>N</u> Sec. <u>6</u> Twp. <u>21S</u> Rge. <u>36E</u>	<u>Yes</u> <u>Unknown</u>

IV. 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.

OIL CONSERVATION DIVISION

APPROVED NOV 1 1986
BY ORIGINAL SIGNED BY [Signature]
TITLE DISTRICT MANAGER

Cathy [Signature]
(Signature)

Engineering Tech III

11/5/86

(Date)

(Date)

This form is to be filed in compliance with RULE 10.1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the pressure tests taken on the well in accordance with RULE 11.1.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter or other such change of ownership.
Separate Form C-104 must be filed for each well to be recompleted wells.

DATE 1/29 19 79

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer	El Paso Natural Gas Co. (2000)
Well Name and Number	Shell "E" State Com. #2
Location	3566'S, 1980'W, Sec. 6, T-21-S, R-36-E, Lea Co., NM
Pool Name	Eumont-Yates
Producing Formation	Yates - Sandstone
Top of Gas Pay	2,946'
Oil or Gas Well	Gas
Gas Unit Allocation	1.43 (Common acreage dedication)
Date Tied Into Gathering Systems	July 21, 1978
Date of First Delivery	January 26, 1979
Gas Gathering System	Lea County 100# Gathering System
Processed through Gasoline Plant (yes or no)	Yes
Station Number	58-031-01
Remarks:	Site Code: 60556-5-03
	* This well was not produced when tied in due to awaiting on OCD approval. This well was Shell "F" St. Com. #1 - name changed to above

By: Travis R. Elliott, Dispatching