

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. 30-025-31684
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 SHELL STATE COM. D	Well No. 13	Pool Name, including Formation EUMONT YATES-7RVRS-QN-PRO GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-1481
Location Unit Letter L : 1780 Feet From The SOUTH Line and 760 Feet From The WEST Line Section 36 Township 21-SOUTH Range 36-EAST, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NO COND. PRODUCED	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 SID RICHARDSON CARBON & GASOLINE CO	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TEXAS 76102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When ? 1-16-93

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	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-26-92	Date Compl. Ready to Prod. 12-31-92		Total Depth 3600'		P.B.T.D. 3575'			
Elevations (DF, RKB, RT, GR, etc.) 3569' GR	Name of Producing Formation QUEEN		Top Oil/Gas Pay 3390'		Tubing Depth 2-3/8" @ 3375'			
Perforations 3390' - 3544'					Depth Casing Shoe 3600'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 450'		SACKS CEMENT 325 SXS			
7-7/8"	4-1/2"		3600'		930 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 495	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PR	Tubing Pressure (Shut-in) 140#	Casing Pressure (Shut-in) 140#	Choke Size 23/64"

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 PROD. ASST.
Printed Name MARIA L. PEREZ Title
Date Telephone No. 915-688-6906

OIL CONSERVATION DIVISION

JAN 26 1993

Date Approved
By ORIGINAL SIGNATURE
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.