Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

JAN	17	1992	See Ins	truction of

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CAS OPERATIONS RECEIVED

1000 Rio Brazos Rd., Aztec, NM 87410	DECLIECT FOR ALL COMM	100	Charge Grant Vide. (1) applicable. Height applicable by the second or the second of th	
Ι.		BLE AND AUTHORIZATION.		
	IO THANSPORT OIL	AND NATURAL GAS	•	
Operator Meridian	Oil, Inc.		PI No. -0/25	
Address P. O. Box	x 51810 - Midland, T			
Reason(s) for Filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:	Just (Freuse explain)		
Recompletion	Oil Dry Gas			
Change in Operator	Casinghead Gas Condensate			
If change of operator give name				
and address of previous operator				
II. DESCRIPTION OF WELL	AND LEASE			
Lease Name	Well No. Pool Name, Includi	ing Formation Kind o	f Lease No.	
Cagle "A"	1 Rhodes		Federal or Fee LC030176	
Location		1657	Federal -	
Unit Letter K	:1980 Feet From The	South 100	et From The West Line	
Section 9 Townshi	ip 26S Range 37	E, NMPM, Lea	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)	
Name of Authorized Transporter of Casin	ighead Gas or Dry Gas X	Address (Give address to which approved	come of this forms is to be sent	
Sid Richardson Carl	bon & Gasoline Co.	201 Main St., Ft. W		
If well produces oil or liquids,	Unit Sec. Twp. Ree.	1	?	
give location of tanks.	Unit Sec. Two Rec. K 9 26S 37E	Yes	1-8-92	
f this production is commingled with that	from any other lease or pool, give commingle	ing order number:		
IV. COMPLETION DATA S	D RICHARDSON GASOLI	NE CO - Eff 3/1/93		
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TIDING CACING AND	CEMENTING DECORD		
HOLE SIZE	TUBING, CASING AND		0401/0 051/5-	
note Size	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		<u> </u>		
V. TEST DATA AND REQUES	ST FOR ALLOWARIE	<u> </u>		
-	recovery of total volume of load oil and must	be equal to an exceed ton allowable for this	denth on he for full 24 hours	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, et		
		2 10 191, us	,	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
-				
GAS WELL		1		
Actual Prod. Test - MCF/D	Length of Test	Dhla Condennia A B ICC	Company of Continuous	
	arragus on a con-	Bbls. Condensate/MMCF	Gravity of Condensate	
lesting Mathod (mitat heat m.)	Tubing Program (Shirt in)			

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. (CLO Signature Richard Atchley - Prod. Asst. Printed Name
1-8-92

Date

915-688-6944

OIL CONSERVATION DIVISION JAN 13'92

Date Approved

VIII. DIGITEU UY. Paul Kautz By_ Geologist

Title

RECORD ONLY APR 30 1993 OR

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.

Telephone No.

- 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

APR 2 8 1993

CCD HOSPS