

Form C-104  
Revised 1-1-89  
See instructions  
at Bottom of Page

State of New Mexico  
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2038  
Santa Fe, New Mexico 87504-2038

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.  
Operator

MERIDIAN OIL INC.

Address

P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

To correct Gas Gatherer from El Paso Natural  
Gas Co. to Sid Richardson Carbon & Gasoline  
Company.

If change of operator give name  
and address of previous operator

Well API No.

30-025-119900

## II. DESCRIPTION OF WELL AND LEASE

Lease Name

State A

Well No. / Pool Name, including Formation

1 Rhodes Yates 7-R

Kind of Lease

State, Federal or Fee

Lease No.

B-1498-Y

Location

Unit Letter

P

660

Feet From The

E

Line and

660

Feet From The

S

Line

Section

16

Township

26-S

Range

37-E

NMPM.

160

County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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 Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Sid Richardson Carbon & Gasoline Co.

201 Main Street, Ft. Worth, TX 76102

If well produces oil or liquids,  
give location of tanks.

Unit

Sec.

Twp.

Rge. Is gas actually connected?

When?

P

16

26

37

Yes

N/A

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

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

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

## 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 (puot. 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.

Connie L. Malik

Signature

Connie L. Malik, Regulatory Compliance Rep.

Printed Name

Title

1/22/92

915-688-6891

Date

Telephone No.

## OIL CONSERVATION DIVISION

FEB 07 '92

Date Approved

By

ORIGINAL SIGNED BY JAC. F. BROWN  
DISTRICT ENGINEER

Title

FOR RECORD ONLY APR 30 1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

**RECEIVED**  
APR 28 1993  
**OCD HOBBS OFFICE**