

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
**Meridian Oil Inc.**

Address  
**21 Desta Drive, Midland, Texas 79705**

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Oil  Condensate   
 Change in ~~Operator~~  Operator Casinghead Gas  Other: **Meridian Oil Inc. is operator for El Paso Production Company**

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 **Rhodes A** Well No. **1** Pool Name, Including Formation **Rhodes Storage-Yates 7 Rivers** Kind of Lease **Federal**  
 Location  
 Unit Letter **C**; **990** Feet From The **North** Line and **2310** Feet From The **West**  
 Line of Section **22** Township **26S** Range **37E**, NMPM, **Lea** 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)  
**El Paso Natural Gas Company** **P.O. Box 1384, Jal, New Mexico**  
 If well produces oil or liquids, give location of tanks. Unit **C** Sec. **22** Twp. **26S** Rge. **37E** Is gas actually connected? **Yes** When **6-9-29**

If this production is commingled with that from any other lease or pool, give commingling order number:

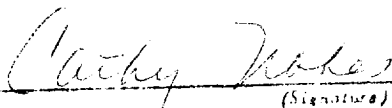
V. COMPLETION DATA  
 Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same Res'to. Unit. Rec.  
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Elevations (DF, RAB, RT, GR, etc.) \_\_\_\_\_ Name 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)  
 OIL WELL  
 Date First New Oil Run To Tanks \_\_\_\_\_ 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 (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. 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.  
  
 \_\_\_\_\_  
 Engineering Tech III  
 1/6/87

OIL CONSERVATION DIVISION  
 APPROVED JAN 8 1987, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 TITLE DISTRICT I SUPERVISOR  
 This form is to be filed in compliance with RULE 1004.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all allowable and recompleted wells.

RECEIVED  
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