

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No. 30-025-20011
Address 21 Desta Dr., Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 Farnsworth "4"	Well No. 14	Pool Name, Including Formation Rhodes (Yates, 7 Rivers)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-054668
Location				
Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>4</u> Township <u>26 South</u> Range <u>37 East</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico P/L					<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company					<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 4	Twp. 26S	Rge. 37E	Is gas actually connected? Yes		When ? 3-17-90		

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	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded		Date Compl. Ready to Prod. 3/17/90 (Plug Back)		Total Depth 3290'			P.B.T.D. 2974'		
Elevations (DF, RKB, RT, GR, etc.) 2985' GR.		Name of Producing Formation Yates		Top Oil/Gas Pay 2580'			Tubing Depth Producing up casing		
Perforations 2580'-2960' 2 SPF w/90 degree phasing--180 total holes							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"		8-5/8"		355'			300 sx-Circulated		
7-7/8"		5-1/2"		3290'			250 sx		

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 508	Length of Test 24	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 162.2	Choke Size Wide Open

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.

Robert L. Bradshaw

Signature R. L. Bradshaw Env./Reg. Spec.

Printed Name	Title
30 July 1990	915-686-5678

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved 10/17/2000

By ONEILL, SCOTT W. (NY 100)

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.

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