

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Meridian Oil Inc.	
Address 21 Desta Drive, Midland, Tx 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Meridian Oil Inc. is operator for El Paso Production Company. This is not a withdrawal well. It is a gas well as of 1-1-82.
Recompletion <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name El Paso Natural Gas Co., 1800 Wilco Bldg., Midland, Tx 79701 and address of previous owner

1. DESCRIPTION OF WELL AND LEASE				
Lease Name Rhodes Storage Unit	Well No. 23	Pool Name, including Formation Rhodes-Yates-7RV-Gas Pool	Kind of Lease State, Federal or Fee Federal LC-030181(a)	
Location				
Unit Letter P	660	Feet From The East	Line and 660	Feet From The South
Line of Section 8	Township 26S	Range 37E	N.M.P.M. Lea	County

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Tx 79978					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 8	Twp. 26S	Rge. 37E	Is gas actually consigned? Yes	When Unknown

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	Scale Resin	Drill New
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			

VI. 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 oil able for this depth or be for full 24 hours)	
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/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED MAY 28 1987	
Signature <i>Cathy Rhodes</i> Operations Tech III		BY ORIGINAL SIGNED BY JERRY SEXTON	
5/26/87		TITLE DISTRICT I SUPERVISOR	
(Date)		This form is to be filed in compliance with RULE 1-104.	
		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool to maintain	

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MAY 27 1987
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HOBB'S OFFICE