

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.D.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Meridian Oil Inc.

Address
21 Desta Drive Midland, Texas 79705

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Operator ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Meridian Oil Inc. is operator for El Paso Production Co.

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rhodes GSU</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Rhodes Yates</u>	Kind of Lease State, Federal or Foreign <u>Federal LC-030176 (a)</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>26S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County			

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)	
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492, El Paso, Tx 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>9</u>
	Twp. <u>26S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u> When <u>Unknown</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Back	Other
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

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 of hole 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/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Cathy Trakes
(Signature)

Engineering Tech III

11/21/86

OIL CONSERVATION DIVISION

NOV 24 1986

APPROVED

BY Paul Rantz
Geologist

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all applicable new and recompleting wells.
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2. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
3. All sections of this form must be filled out completely for all applicable new and recompleting wells.

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O. J. P.
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