

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2038

Santa Fe, New Mexico 87504-2038

DISTRICT III  
1500 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well Art No. 30-025- 2455500  
Address P. O. BOX 51810, MIDLAND, TX 79710-1810  
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter or: ☐ To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon & Gasoline Company.  
☐ Recompletion ☐ Oil ☐ Dry Gas ☐ Gas Co. to Sid Richardson Carbon & Gasoline Company.  
☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Company.  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gsu Well No. 8 Pool Name, including Formation Rhodes Yates 7-Rivers Kind of Lease State Lease No. 030176A  
Rhodes Storage Unit  
Location Unit Letter J 1980 Feet From The S Line and 1980 Feet From The E Line  
Section 15 Township 26-S Range 37-E 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 X 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 5 Sec. 15 Twp. 26 Rge. 37 Is gas actually connected? Yes When? 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

Date Approved FEB 05 '92

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

FOR RECORD ONLY APR 30 1992

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.

RECEIVED

APR 26 1993

OCD HORBS OT