

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Meridian Oil Inc.		Well API No. 30-025-28114
Address P. O. Box 51810, Midland, Texas 79710-1810		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Plug Back from an oil well in the Langlie-Mattix (7R, Q,GB) Pool to a gas well in the Rhodes Yates-Seven Rivers Pool
Recompletion <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. W. Shepherd B Federal	Well No. 7	Pool Name, including Formation Rhodes Yates-Seven Rivers	Kind of Lease State (Federal) or Fee	Lease No. LC-030177B
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 5 Township 26-S Range 37-E , NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> No Condensate Production	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"/> Sid Richardson Carbon & Gasoline Co. El Paso Natl	Address (Give address to which approved copy of this form is to be sent) 201 Main St., First City Bnk. Twr., Fort Worth, Texas 76102					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 5	Twsp. 26S	Rge. 37E	Is gas actually connected? Yes	When? NA

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
		X				X		X
Date Spudded 3-7-91	Date Compl. Ready to Prod. 5-9-91	Total Depth 3607		P.B.T.D. 2910' CIBP				
Elevations (DF, RKB, RT, GR, etc.) 2980' GR	Name of Producing Formation Yates	Top Oil/Gas Pay 2715'		Tubing Depth 2-3/8" @ 2708'				
Perforations 2715'-2875'				Depth Casing Shoe 3597'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	1000'		750sxs				
7-7/8"	5-1/2"	3597'		1075sxs				

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 2" X 1-1/4" X 16' pump

Actual Prod. Test - MCF/D 659	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Pumping Gas Well	Tubing Pressure (Shut-in) Pump Jack	Casing Pressure (Shut-in) 118#	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.

Maria L. Perez
Signature Maria L. Perez Production Asst.
Printed Name
8-7-91 (915) 686-5767
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 12 1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

3A Langlie Mattix

RECEIVED

AUG 09 1991

6200
HOBBE OFFICE