

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.
Operator

Address
MERIDIAN OIL INC.

Well API No.

30-015-2849600

P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

☒ Other (Please explain)

To correct Gas Gatherer from El Paso Natural
Gas Co. to Sid Richardson Carbon & Gasoline
Company.

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Elliott Federal

Well No.

5

Pool Name, Including Formation

Miller Yates 7-R

Kind of Lease

State (Federal or Fee)

Lease No.

LC 063916

Location

Unit Letter

C

1980

Feet From The

W

Line and

660

Feet From The

N

Line

Section

21

Township

26.5

Range

37-E

NMPM

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

EOTT Energy Operating LP

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Gas

or Dry Gas

Sid Richardson Carbon & Gasoline Co.

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

C

21

26

37

yes

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 (pilot, 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.

Signature
Connie L. Malik

Printed Name
Connie L. Malik, Regulatory Compliance Rep.

Date
1/22/92

Telephone No.
915-688-6891

Telephone No.

OIL CONSERVATION DIVISION

FEB 05 '92

Date Approved

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.