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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator		<u> </u>		OITI OIL	, 1140 1471	<u> </u>	Well A	PI No.			
Meridian Oil Inc.						30-025-31339					
Address P. O. Box 518	10, Mi	dlan	d, '	Texas 7	79710-1	.810					
Reason(s) for Filing (Check proper box)						t (Please expla	iin)		<del></del>		
New Well		Change in	Transp	orter of:	_						
Recompletion	Oil		Dry G								
hange in Operator	Casinghead	Gas	Conde								
change of operator give name			-					<del></del>			
nd address of previous operator  L DESCRIPTION OF WELL A	AND LEA	SE				12/119	/				
ease Name		Well No.	Pool i	Name, Includin	g Formation		Kind o	of Lease		ase No.	
C. W. Shepherd Fed. 8 Rhodes-Y					Zates-7	<u>River</u>	S State,	Federal or Federa	LC-0	30177-I	
ocation						_					
Unit LetterC	_ :1]	L00'	_ Feet F	rom The	$North_{Line}$	$=$ and $\frac{1}{1}$	980 <sub>Fe</sub>	et From The	<u>West</u>	Line	
		_								<b>a</b>	
Section 5 Township	26-	-s	Range	37-I	. N	MPM, L	<u>ea</u>			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL Al	ND NATUI	RAL GAS		<del> ,</del>	<del></del>			
Name of Authorized Transporter of Oil		or Conde	nsale		Address (Giv	e address to w	nich approved	copy of this f	orm is to be se	nı)	
						e address to w	Ligh page 200	come of this f	orm is to be se		
Name of Authorized Transporter of Casing			or Dr	y Gas 💢						79978	
El Paso Natural G	<del></del> -		17	D	Is gas actuali		When		, revas	<u> </u>	
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	i Kge.	Yes	у сошисски		-12 <u>-</u> 91			
				rive comminati		her		<u> </u>			
this production is commingled with that	from any our	er lease of	r poor, g	hae comming	ing Order nam						
V. COMPLETION DATA  Designate Type of Completion	- (X)	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		n Ready	to Prod		Total Depth	l		P.B.T.D.	_L		
Date Spudded 8-20-91		Date Compi. Ready to Prod. 8-26-91				3100'			3057'		
						Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 2972.6 GR	Name of Producing Formation Yates				2743'			2-7/8" @2687'			
Perforations	1 +	1005						Depth Casi			
2743'-2985'								3100	oʻ		
	1	TIRING	L CAS	SING AND	CEMENTI	NG RECO	RD.				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-2/4"	8-5/8"				412'			250 sxs - Surf.			
7-7/8"		1/2"	÷		3100'			920 sxs - Surf.			
7 77 0	1	<u> </u>									
V. TEST DATA AND REQUE	ST FOR A	ALLOW	VABL	E						,	
OIL WELL (Test must be after t	recovery of to	otal volum	e of loa	d oil and must	be equal to o	r exceed top at	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	fethod (Flow, p	oump, gas lift,	elc.)			
							Choke Size				
Length of Test	Tubing Pressure			Casing Pressure			CHORE SIZE	GAIGES SILES			
				777 - 701.1			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.							
					<u> </u>						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
2424 AOF	25 hrs				0			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	CHORE SIZE		
Pumping Gas Well	246	#			0	#					
VI. OPERATOR CERTIFIC	CATE O	F COM	PLL/	ANCE		<b>011 00</b>	NICED\	ATION	וסועופו	ON.	
I hereby certify that the rules and regu	liations of the	e Oil Com	servation	Ω		OIL CO	INOEH A	ALION			
Division have been complied with and that the information given above									<b>‡</b>		
is true and complete to the best of my	knowledge	and belief.	•		Dat	e Approv	ed				
$\mathcal{L}$						• •					
Mary 2 1 822					By	Carrier a	*		<u> </u>		
Signature	D-a = 3	A = 1	-		Dy.	;	•	,			
Maria L. Perez. I	Prod.	ASSL	Titl	<u></u>	T:A1	e					
10-10-91	915-68	8-69		-		<b>ت</b>					
Date	<del></del>		elephon	se No.						···	
			•		- 11					تنصيهندهم	

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.

Shepherd
WELL C.W. Shepard B Federal #8

LOCATION Sec 5-26S-37E Lea County, NM 100/N + 1980 W . (Give Unit, Section, Township, And Range)

OPERATOR Meridian Oil Inc P. O. Box 51810 Midland, Tx 79710.

DRILLING CONTRACTOR Exeter Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/2 243'		
1/2 412'		
<u>3/4 756′</u>		
1 3/4 1,057'		
1 1/4 1,147'		
1 1/2 1,300'		
1 1/2 1,585'		
2 3/4 1,890'		
2 1/4 2,044'		
1 1/2 2,190'		
2 3/4 2,451'		
3 2,594'		
2 2,746'		
2 2,959'		
2 3,100'		

Drilling Contractor <u>EXETER DRILLING CO.</u>

Bruce Houtchens, V. P.-Southern Division

Subscribed and sworn to before me this 03rd day of September, 1991.

SHERRI K. MERKET

Hotary Public State of Texas

My Comission Expres Mar. 10, 1994

Notary Public

Sherri K. Merket

My commission expires: 3-10-94 Midland County, Texas