Submit 5 Copies Appropriate District Office	1	ergy, N	S Iinerals	ate of Ne and Natu	w Mexico ral Resourc	es Departm	CC.	B	Form C-1 Revised 1	-1-89		
DISTRICT J P.O. Box 1980, Hobbs, NM 88240	State of New Mexico State of New Mexico Sergy, Minerals and Natural Resource SIL CONSERVATION I					DIVISIC		10 1	See Instru at Bottom			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 87504-2088						P_{jk}				
DISTRICT III 1000 Rio Brazos Rd, Azlec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS												
Operator								PI No.				
Meridian Oil Inc.							30-025-31358					
P.O. Box 51810, Midland,	TX 7	9710-18	10		- Jacob							
Reason(s) for Filing (Check proper box) New Well		Change in	Transport	ter of:	U Oth	et (Please explai	n)					
Recompletion	Oil Dry Gas											
Change in Operator Casinghead Gas Condensate												
and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Kind of									Lease Lease No.			
Rhodes GSU 28			-					State, Federal or Fee LC-030181-A				
Location		<u> </u>										
Unit LetterN : 1780 Feet From The West Line and660 Feet From TheSouthLine												
Section 8 Township	26-	<u>s</u>	Range	<u>37-</u> E	, N	MPM,	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 Car		Gaso	-		-	lain St.		h Worth		76102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	-	y connected?	When		5 01			
If this production is commingled with that f	rom any ot	her lease or	pool, giv	e commingli		<u>res</u>	I	10-6	<u>1-3T</u>			
IV. COMPLETION DATA SIL) RIĆH	ARDSC	<u> DN G/</u>	ASOLIN	<u>IE CO, -</u>	Eff. 3/1/9						
Designate Type of Completion	- (X)	Oil Well		ias Well X	New Well X	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v		
Date Spudded		pi. Ready to	o Prod.		Total Depth		A	P.B.T.D.	·····			
8-28-91 Elevations (DF, RKB, RT, GR, etc.)	9-2-91 Name of Producing Formation				<u>3160 °</u> Top Oil/Gas Pay			3155' Tubing Depth				
2974.3' GR	974.3' GR Yates					2939'			2 3/8" @ 2920'			
Perforations Depth Casing Shoe												
2939'-3131'		TUBING.	CASIN	IG AND	CEMENTI	NG RECORI	D	l	3160'			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET				KS CEME			
<u>12 1/4"</u> 7 7/8"		<u> 8 5</u> 4 1	<u>/8"</u> /2"		<u>428'</u> 3160'			300 sxs				
		¥,										
V. TEST DATA AND REQUES	TEOP	ALLOW	ABLE									
OIL WELL (Test must be after r	covery of t	otal volume	of load of	il and must	be equal to or	exceed top allo	wable for this	depth or be for f	ull 24 hours	r.)		
Date First New Oil Run To Tank							Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			i	Casing Press	ure		Choke Size				
					Water Dhie			Gas- MCF				
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.							
GAS WELL	I				L			·		·····		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate					
62 AOF	Tubing D	2.4 Tubing Pressure (Shut-in)			O Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.) Pumping Gas Well	100ing Freisine (Sina-in)											
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above												
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved						
Marin & Peru					ORIGINAL SPORTED BY JERSY SEXTON							
Signature					By_	By						
Maria L. Perez, Prod. Asst. Printed Name Title												
11-11-91 915-688-6906						FOR RECORD ONLY, APR 30 100						
Date Telephone No.						K KEC	JKD	UNLY;	APR	30 1003		

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.

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.

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