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

## State of New Mexico gy, Minerals and Natural Resources Depar.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88219

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NS	PORT OIL	AND NA	TURAL G					
Operator		Well API No.									
MERIDIAN OIL INC.							-025-3146	් <b>3</b> 	<del></del>		
Address P.O. Box 51810, Midland,	TX 79	710-18	310								
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	zin)				
New Well		Change in		sporter of:							
Recompletion	Oil Casinghead	C		Gas 📙							
Change in Operator	Canngneso	Gas	Con	Octave				<del></del>	<del></del>		
and address of previous operator	<del></del>										
II. DESCRIPTION OF WELL	AND LEA	SE								· · · · · · · · · · · · · · · · · · ·	
Lease Name		Well No.	1	l Name, Includi	•			of Lease Federal or Fed RAL		200 No. 30177-B	
C. W. SHEPHERD FEDERAL		9	HH	ODES-YATE	ES-/ RIVE	<del>1</del> 5	LEEDE	RAL	20-0.	30177-5	
Unit Letter K	: 1980 Feet From The WEST Line and 1930 Feet From The SOUTH								Line		
Section 5 Township 26-S Range 37-E					, NI	MPM,		LEA County			
III. DESIGNATION OF TRAN	CD/\DTCI	ን ሰፍ ሰ	TT . A	ND NATI	DAT. GAS						
Name of Authorized Transporter of Oil NO CONDENSATE PRODUCED		or Conder				e address to wi	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing SID RICHARDSON CARBON	head Gas & Gasol	4. 4.	or E	ry Gas X	Address (Give address to which approved copy of this form is to be sent)  201 MAIN ST., FIRST CITY BNK.TWR.,					nt)	
If well produces oil or liquids, give location of tanks.		Sec.	Twp	x Rge.	1 -	s gas actually connected? When ? YES			12-30-91		
If this production is commingled with that i	rom any othe	r lease or	pool,	give comming	ing order numl	per:					
Designate Type of Completion	······································	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Ready to	Proc	<u> </u>	Total Depth	L	1	P.B.T.D.	l	1	
11–25–91		12-1			•	3100'		1	3041'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	-		ion	Top Oil/Gas	•		Tubing Dep			
2979.7' GR		YATI	ES		2771'			2-3/8" @ 2750' Depth Casing Shoe			
		2771'-		(/	KA			Dopai Casa	3100'		
11015 0175	TUBING, CASING AND			CEMENTING RECORD  DEPTH SET			SACKS CEMENT				
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"			418'			300 SXS - SURFACE				
7–7/8"		4-1			3100'			800 SXS - SURFACE			
V. TEST DATA AND REQUES	T FOR A	LLOW	ARI	.F.	<u> </u>		<u> </u>	1	<del></del>		
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for thi	s depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		···-			sthod (Flow, pi					
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					l		<del></del>	<u> </u>			
Actual Prod. Test - MCF/D	Length of To	est			Bbis. Conden	sate/MMCF		Gravity of C	condensate		
2990 AOF		24 HR			0						
Testing Method (pitot, back pr.) BACK PR.	Tubing Pressure (Shut-in) 470#			Casing Pressure (Shut-in) 330#			Choke Size . 28/64"				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LL	ANCE			ICEDY	~~~ 	טואוכיכ		
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.				OIL CONSERVATION DIVISION Date Approved							
Marin L. Pare											
Signature MARIA L. PEREZ PROD. ASST.					By						
Printed Name 12-30-91			Title		Title						
Date			phon								

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.

25-125-5-463

WELL:	C. W. SHEPHERD FEDERAL NO. 9	
LOCATION:	130 1980 FSL & 1980 FWL Sec 5, TWP 26, RNG 37 Cty Lea ST NM Proj TD	3100
	( Give Unit, Section, Township, and Range)	
OPERATOR:	Meridian Oil Inc. P.O. Box 51810, Midland, TX 79710	
DRILLING	CONTRACTOR: Myers Drilling Company, P.O. Box 60366, Midland, TX	79711

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

Subscribed and sworn to before me this 5th day of Licember.

Nortary Public (licey L. P.C.)

3-36-95

My commission expries

Myers Drilling Company

Drilling Contractor

Estatue Brean

By: Evalue Green - Bookkeeper