Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico gy, Minerals and Natural Resources Departme

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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

000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLO	OWAB	LE AND A	UTHORIZ URAL GA	ZATION AS	AI	MENJE		
perator MEDIDIAN OIL INC						Well Al	PI No. 025-3161	4		
MERIDIAN OIL INC				<u> </u>			223-0101			
P.O. Box 51810, Midland,	TX 79710-1	1810			r (Please expl					
keason(s) for Filing (Check proper box)	Channa	in Transporter	of	U Out	t (Please expu	aut)				
lew Well	Oil Change	Dry Gas								
Recompletion $\Box$	Casinghead Gas	Condensate	. 🗀							
hange in Operator	Casultiesa One [		<u> </u>							
change of operator give name address of previous operator									<del></del>	
. DESCRIPTION OF WELL	AND LEASE					l sei a .			ase No.	
case Name C.W. SHEPHERD "A" FEDER		Well No. Pool Name, Including RHODES-YATE			ng Formation Kind of State S-7 RIVERS (GAS) FEDE			ederal or Fee LC-030177-A		
Location	AL 2	THIODEC	)	0 / ////-	10 (0,10)	IFEUE	DAL			
Unit Letter H	: 1650	Feet From	The NO	RTH Line	and 660	Fee	et From The	EAST	Line	
Section 6 Townshi	p 26-S	26-S Range 37-E			, NMPM,			LEA County		
	ichopath Of	OIL AND	RIA TET II	DAT CAS						
II. DESIGNATION OF TRAN	or Cont	OIL AND	TALLU.	Address (Giv	e address to w	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil NONE YET -BEING NEGOTIATE	IA I		_]				,		-	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)									
SID RICHARDSON CARBON & C	AS CO							0, FT WORTH TX 76102		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuali	y connected? YES	When		/27/92		
f this production is commingled with that	from any other lease	or pool, give o	comming	ing order num	ber:	<u>na</u>			<del></del>	
V. COMPLETION DATA SI	<u>D RICHARDS</u>	SON GAS	SOLI	NE CO	En. 3/1/	93		la	Diff Res'v	
Designate Type of Completion		·   ·>	Well	X	Workover	Deepen		Same Res'v	L L	
Date Spudded 6/16/92	Date Compl. Ready to Prod. 6/22/92			Total Depth 3080'			P.B.T.D. 2784'			
Elevations (DF, RKB, RT, GR, etc.)				Top Oil/Gas Pay			Tubing Depth			
2976.7 GR	YA	YATES			2798'			2784' Depth Casing Shoe		
Perforations	279	8-2907'					Depui Casin	ig Silve		
TUBING, CASING AN				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12-1/4"	8-		431'			500 SXS				
7-7/8"	4-1/2"			3068'			900 SXS			
	2-3/8"			2784'						
V. TEST DATA AND REQUE	ST FOR ALLO	WARLE		<u> </u>			<u></u>			
OIL WELL (Test must be after	recovery of total volu	me of load oil	and mus	t be equal to o	r exceed top a	llowable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	ownp, gas lift, i	etc.)			
	7.1.	The Property of the Property o			Casing Pressure			Choke Size		
Length of Test	Tubing Pressure	iding Pressure			Casing 1 Iceanity					
Actual Prod. During Test	ctual Prod. During Test Oil - Bbls.				Water - Bbis.		Gas- MCF			
CAC WELL				1			<del></del>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
7/14/92	24 HR			( AOF - 2287 )			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				,	
BACK PRESS							24/64"			
VI. OPERATOR CERTIFIC	CATE OF CO	MPLIAN(	CE		OII CO	NSFRV	ATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with an is true and complete to the best of my	d that the information	given above			_		AUG	13'92		
is true and complete to the best of my	, who were the pene			Dat	e Approv					
Rown Se	haft 2			_	(	Jrig. Signe Paul Ka	d by			
Signature				By.	<del></del>	Paul Kar Geologi				
ROXANN SCHOLZ	PROI	Title	55T		_	MAN PA	-2 <b>4</b> )			
Printed Name 8/11/92	(91	15)688-69		FOR	DEC	ORD (	NIV	APA	30 100	
Data		Telephone No	).		、レドア	UND V	C and I in	411 17	U U 133	

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.

RECEIVED

APR 2 8 1993

CD Hobes of

A CONTRACTOR