

DISTRICT II
P.O. Drawer 100, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 30-045-11857
Address P. O. BOX 51810, MIDLAND, TX 79710-1810
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ To correct Gas Gatherer from El Paso Natural
Recompletion ☐ Oil ☐ Dry Gas ☐ Gas Co. to Sid Richardson Carbon & Gasoline
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Company.
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Legea 1 m. 2. Well No. 2 Pool Name, including Formation Solomat Tars 11 1/2 T. R Kind of Lease ☒ State, Federal or Fee Lease No. _____
Location _____
Unit Letter I 1980 Feet From The 5 Line and 660 Feet From The E Line
Section 31 Township 25-S Range 37-E NMPM. 662 County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian 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 ☒ Address (Give address to which approved copy of this form is to be sent) _____
Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft. Worth, TX 76102
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? yes When? 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.

Connie L. Malik
Signature
Connie L. Malik, Regulatory Compliance Rep.
Printed Name Title
1/22/92 915-688-6891
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 07 '92

Date Approved _____
By CRISTINA MONTEZ
Title _____

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.