

DISTRICT II
P.O. Drawer 100, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 30-025-2563000
Address P.O. BOX 51810, MIDLAND, TX 79710-1810
Reason(s) for Filing (Check proper box):
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 Sowell (Adele) Well No. / Pool Name, including Formation 1 Langlie Mattox T-R-Q Kind of Lease State, Federal or Fee Lease No. _____
Location Unit Letter P 330 Feet From The S Line and 990 Feet From The E Line
Section 19 Township 24.5 Range 37. E NMPM. 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 ☒ 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? 10-17-77
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

Date Approved FEB 07 '92
By APPROVED BY JAMES L. LUTHER
DISTRICT SUPERVISOR
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.