

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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| I. Operator | | Well API No. |
| MERIDIAN OIL INC. | | 30-025 - 2885 000 |
| Address | | |
| P. O. BOX 51810, MIDLAND, TX 79710-1810 | | |
| Reason(s) for Filing (Check proper box) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | <input checked="" type="checkbox"/> Other (Please explain) |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | To correct Gas Gatherer from El Paso Natural |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Gas Co. to Sid Richardson Carbon & Gasoline |
| If change of operator give name and address of previous operator | | Company. |

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| II. DESCRIPTION OF WELL AND LEASE (Tansill Yates Trivels) | | | |
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease State, Federal or Fee |
| Wells Federal | 17 | Jalmat Tansill YT TRV | LC-055546 |
| Location | | | |
| Unit Letter | 1980 | Feet From The South Line and | 1450 Feet From The east Line |
| Section | 05 | Township | 0255 Range 037E NMPM. Lea County |

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| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil | <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas | <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | 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. | Twsp. |
| | | | Rgn. |
| | | | Is gas actually connected? When? |
| | | | yes 12-12-84 |

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 | | | |
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| 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 |

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|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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| 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 is true and complete to the best of my knowledge and belief. | | FEB 07 1992 | |
| Signature Connie L. Malik, Regulatory Compliance Rep. | | Date Approved | |
| Printed Name 1/22/92 915-688-6891 | | By | |
| Date Telephone No. | | 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.