

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | |
|---|---|
| Operator MERIDIAN OIL INC. | Well API No. 30-025-32025 |
| Address P.O. Box 51810, Midland, TX 79710-1810 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------|----------------------|---|--|---------------------------|
| Lease Name SHELL STATE | Well No. 1 | Pool Name, Including Formation EUMONT Y-SR-QN | Kind of Lease State, Federal or Fee XXX | Lease No. |
| Location | | | | |
| Unit Letter E | 1980 | Feet From The NORTH | Line and 800' | Feet From The WEST |
| Section 13 | Township 20S | Range 36E | NMPM, | LEA County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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"/> SID RICHARDSON COMPANY | Address (Give address to which approved copy of this form is to be sent) 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? When? |
| | YES 9/23/93 |

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 |
| | | X | X | | | | | |
| Date Spudded 7/29/93 | Date Compl. Ready to Prod. 9/3/93 | Total Depth 3585' | | P.B.T.D. 3540' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3552' | Name of Producing Formation QUEEN | Top Oil/Gas Pay 3363' | | Tubing Depth 3343' | | | | |
| Perforations 3363' - 3515' | | | | Depth Casing Shoe 3343' | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" 28# | | 423' | | 300 C | | | |
| 7 7/8" | 4 1/2" 11.6# | | 3585' | | 850 C | | | |

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.)

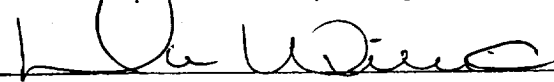
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | Casing Pressure | Choke Size |
| Length of Test | Tubing Pressure | Water - Bbls. | Gas - MCF |
| Actual Prod. During Test | Oil - Bbls. | | |

GAS WELL

| | | | |
|---|--|--|-----------------------|
| Actual Prod. Test - MCF/D 9/10/93 | Length of Test 24 HRS | Bbls. Condensate/MMCF 1253 AOF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) 38 | Casing Pressure (Shut-in) 125 | 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.


Signature
DONNA WILLIAMS PROD. ASST
Printed Name
9/24/93 Title
915-688-6943
Date Telephone No.

OIL CONSERVATION DIVISION
SEP 29 1993

Date Approved _____
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.

RECEIVED

SEP 28 1993

BUSINESS
OFFICE