STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER GAS		
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: NM&O OPERATING COMPANY

Address: 1305 Philtower Building Tulsa, Oklahoma 74103

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Change of Operator

If change of ownership give name and address of previous owner: MESA GRANDE RESOURCES

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Federal	11	Gavilan P.C.	Federal	NM-01385

Location
Unit Letter G : 1730 Feet From The North Line and 1650 Feet From The East

Line of Section 24 Township 25N Range 2W , NMPM, Rio Arriba 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 [X]
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

Christopher L. Phillips (Signature)
Vice President (Title)
5/26/88 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 08 1988, 19
BY
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

(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)

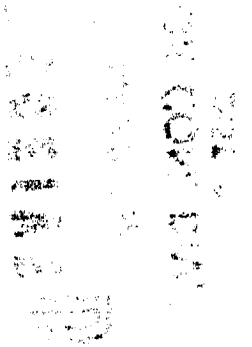
OIL WELL

Date First New Oil Run To Tanks	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RUCKER LAKE 2
K 24 25N 02W
30-039-23231
1450/S 1520/W
F



MERIDIAN OIL INC.
OIL CONSERVATION DIVISION STATE OF NEW MEXICO
DELIVERABILITY CALCULATION REPORT YEAR 1991

POOL PC SLOPE 0.85 FORM PC METER 7216765 DP NO 53360A

OPER MOI WELL NAME SAN JUAN 27-5 UNIT 30
LEGAL DESCRIPTION A 21 27N 05W PIPELINE

CSG.OD	CSG.ID	CSG.DEPTH	TBG.OD	TBG.ID	TBG.DEPTH
0.000	0.000	0	1.660	1.380	3411

GAS PAY ZONE		CASING	TUBING	GAS GRV.	GASXDEPTH
3354	3384	NO	YES	0.674	2299

DATE OF FLOW TEST 07/30/91 TO 08/06/91
DATE SI PSI MEASURED 07/15/91

(A) FLOW CSG.	(B) FLOW TBG.	(C) FLOW METER	(D) CHART STATIC	(E) METER (C-D)	(F) LOSS A-C,B-C	(G) METER PSI.
384	369	364	376	-12	5	359

(H) CORRECT METER (G+E)	(I) AVG. WELLHD. P/T=(H+F)	(J) SHUT IN CSG. PSI	(K) SHUT IN TBG. PSI	(L) P/C= HIGHER (J OR K)	(M) P/D= 0.7 P/C	(N) CRITICAL FLOW PSI SEP/DEHY	FC FACTOR
359	364	417	420	420	294	12	24.621

INTEGRATED VOLUME/MCFD	QUOTIENT OF C DIVIDED D	SQUARE ROOT OF C DIVIDED BY D	CORRECTED VOLUME Q = MCF/D
58	0.9681	0.9839	57

1-E(-S)	FC X QM X 1000	R2	PT/2	PW2 = PT2+R2	PW = SQRT OF PW2
0.154	1970	303	132496	132799	364

Q DIVIDED PC2-PD2 PC2-PW2 TO (N)		FACTOR		MAXIMUM FACTOR	STATE MCF/D
	89964 43601	2.063	1.851	1.851	106

REMARKS:

SUMMARY

ITEM H---	359	PSIA
PC---	420	PSIA
Q---	57	MCF/D
PW---	364	PSIA
PD---	294	PSIA
D---	106	MCF/D

COMPANY: MERIDIAN OIL INC.
BY: Barbara Norman
TITLE: Prod. Asst.
REVIEWED BY:
COMPANY: MERIDIAN OIL INC.