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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Geology, Minerals and Natural Resources Department.

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-025-28749
Address 21 Desta Dr., Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 State "HQ"	Well No. 7	Pool Name, Including Formation Air Strip (Bone Spring)	Kind of Lease State, Federal or Fee State	Lease No. L-3674
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 26 Township 18 South Range 34 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas Warren Petroleum <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 26	Twp. 18S	Rge. 34E	Is gas actually connected? Yes	When ?

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 x	Gas Well	New Well	Workover	Deepen	Plug Back x	Same Res'v	Diff Res'v x
Date Spudded 7/02/84	Date Compl. Ready to Prod. 4/12/89 (Plug Back)		Total Depth 10,850'		P.B.T.D. 10,650'			
Elevations (DF, RKB, RT, GR, etc.) 3992.5' GR.	Name of Producing Formation Air Strip (Bone Spring)		Top Oil/Gas Pay 9113'		Tubing Depth 9044'			
Perforations 9113'-9168'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		325'					
12-1/4"	8-5/8"		4,000'					
7-7/8"	5-1/2"		10,885'					
		2-7/8" (Tbg.)						

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 4/12/89	Date of Test 4/13/89	Producing Method (Flow, pump, gas lift, etc.) 2-1/2" x 1-1/2" x 34' RHBC Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 2	Gas - MCF 25

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.

Robert L. Bradshaw
Signature
Robert L. Bradshaw Env./Reg. Spec.
Printed Name
26 July 1990 Title
915/686-5678
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

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.