Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

I.

## nergy, Minerals and Natural Resources Depart

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Olivina			l l	API No.					
MERIDIAN OIL INC.					30-	-025-321	76		
Address P.O. Box 51810, Midland	, TX 79710-18	310							
Reason(s) for Filing (Check proper box)		·····	X Ou	ner (Please expl	ain)	<del></del>			
New Well	Change in	Transporter of:		ONTRACTED		HERER			
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No. Pool Name, Including Formation			<del></del>	Kind	Kind of Lease Lease No.			
LITTLE JACK 30 FEDERAL	1	UNES BONE	SPRING		e Federal or Fee NM 86927 DERAL				
Location		· · · · · · · · · · · · · · · · · · ·			1.550	LNAL			
Unit Letter J	: 1980'	Feet From The S	OUTH Lin	e and 2310	F	eet From The	EAST	Line	
Section 30 Townshi	p 23S	Range 32E	, N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SDADTED OF A	TT AND NATE	IDAT CAC						
Name of Authorized Transporter of Oil	or Conder		Address (Giv	e address to wi					
EOTT (ENRON OIL)				. BOX 1188					
GPM CORPORATION	f Authorized Transporter of Casinghead Gas X or Dry Gas GPM CORPORATION			Address (Give address to which approved 4001 PENBROOK, (			copy of this form is to be sent) DDESSA, TX 79762		
If well produces oil or liquids, give location of tanks.	Unit S∞. J 30	Twp.   Rge 235   32E	Is gas actually connected? When YES			3/7/94			
If this production is commingled with that	from any other lease or	pool, give comming	ling order num	ber:					
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	1 5	) N. S.		<u> </u>	
Designate Type of Completion	- (X) X	i	X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to		Total Depth			P.B.T.D.			
12/27/93				9758'			9718'		
Elevations (DF, RKB, RT, GR, etc.) 3605' GR	Name of Producing Fo BONE S	TOP CIVGES	Top Oil/Gas Pay 8637'			Tubing Depth			
Perforations							2.875 @ 8550' Depth Casing Shoe		
	8637' - 8680'	(BONE SPRING	)			Deput Casing	s once		
		CASING AND	<u> </u>	VG RECOR	<u> </u>	<u> </u>		- /	
HOLE SIZE	CASING & TU	DEPTH SET			SACKS OF LIFT				
17 1/2"	13 3/8" 4	602'			SACKS CEMENT 550 SXS				
12 1/4"	8 5/8" 3:	4502'			1975 SXS				
7 7/8"	5 1/2" 1	9755'			1975 5X5 1400 SXS				
, ,,,,	0 1/2 1	0,00			1400 3X3				
V. TEST DATA AND REQUES							<del></del>		
	covery of total volume of	of load oil and must					or full 24 hour	5.)	
Date First New Oil Run To Tank	Date of Test 2/16/9	<b>A</b>	Producing Me	thod (Flow, pw		(c.)			
2/3/94	ļ	FLOWING			Challe Cia	Choke Size			
Length of Test 24 HRS	Tubing Pressure	Casing Pressure 540			24/64				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
	86		1				225		
GAS WELL	. 40		157. A-1				·		
Actual Proof Test - MCF/D	Length of Test		Bbls. Condens	1	Gravity of Condensate				
Perting Method (nitot, back pr.)	sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
reading intention (place, back pr.)	rabing resource (Shar-		Casing 1 1 cost	ic (Site-itt)		Cloke Size			
VI. OPERATOR CERTIFICA	ATE OF COMPI	LIANCE					· · · · · · · · · · · · · · · · · · ·	<del> </del>	
I hereby certify that the rules and regular				IL CON	SERVA	ATION [	DIVISIO	N	
Division have been complied with and that the information given above									
is true and complete to the best of my knowledge and belief.			Date Approved			MAR 1 1 1994			
			Date	Whinner			- HAII	1001	
	etros.		By_						
Signature DONNA WILLIAMS PROD. ASST.			- ,	THE COMED RY JERRY SEATON					
Printed Name Title			Title DISTRICT SUPERVISOR						
3/7/94	915-6	88_69/3	11 11116-						
Date		hone No.	11						

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.