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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88203 JUN 30 '89

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 Meridian Oil Inc.	Well API No.
Address 21 Desta Drive, Midland, Texas 79705	
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 Apache "A" Federal	Well No. 1	Pool Name, Including Formation Parkway (Delaware)	Kind of Lease State, Federal or Private	Lease No. NM-61582
Location Unit Letter C : 990 Feet From The North Line and 2310 Feet From The West Line Section 35 Township 19 South Range 29 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79711					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Delaware Natural Gas	Address (Give address to which approved copy of this form is to be sent) 911 Jollyville Rd. #215, Austin, TX 78759					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 35	Twp. 19S	Rge. 29E	Is gas actually connected? Yes	When? 6-16-89

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/13/89	Date Compl. Ready to Prod. 6-16-89		Total Depth 4550'		P.B.T.D. 4046'			
Elevations (DF, RKB, RT, GR, etc.) 3315' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 3949'		Tubing Depth 3863'			
Perforations 3949' - 74', 4259' - 64'					Depth Casing Shoe 4550'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		372'		725 sx Post FD-2			
12 1/4"	8 5/8"		3200'		2700 sx 7-14-89			
7 7/8"	5 1/2"		4550'		540 sx comp & BK			
		2 3/8" (TBG)		3863				

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 6/16/89	Date of Test 6/21/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 390 psi	Casing Pressure 500	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 289	Water - Bbls. 82	Gas - MCF 169

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature
Robert L. Bradshaw, Sr. Staff Env/Reg Spec
Printed Name
June 27, 1989 (915) 686-5678
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 7 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.