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

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

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

RECEIVED

DEC 21 '89

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

I.

Operator Meridian Oil Inc. ✓	Well APIN# 30-005-62658
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 Cannonball Federal	Well No. 1	Pool Name, including Formation Wildcat (Strawn-Atoka)	Kind of Lease State Federal XX XX	Lease No. NM-64489
Location Unit Letter <u>N</u> : <u>1060</u> Feet From The <u>South</u> Line and <u>2180</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>14 S</u> Range <u>28 E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Unknown - Well Shut In						
If well produces oil or liquids, give location of tanks. <u>NA</u>	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>No - Shut In</u>	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 12/26/88	Date Compl. Ready to Prod. 01/21/89		Total Depth 8450'		P.B.T.D. 8404'			
Elevations (DF, RKB, RT, GR, etc.) 3531.5' GR	Name of Producing Formation Strawn- Atoka		Top Oil/Gas Pay 7730' 7756		Tubing Depth 7617'			
Perforations 7756 - 69'; 8014 - 31'					Depth Casing Shoe 8450'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		314'		325 sx - Surface			
12 1/4"	8 5/8"		1800'		950 sx - Surface			
7 7/8"	4 1/2"		8450'		750 sx - TOC 6380'			
	2 3/8"		7617					

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.)	
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 114	Length of Test 1	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1342	Casing Pressure (Shut-in) 0	Choke Size 18/64

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 8/10/89 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.

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REQUEST FOR ALLOWABLE AND AUTHORIZATION D.
TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

Operator Meridian Oil Inc. ✓	Well API No. 30-005-62658
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 Cannonball Federal	Well No. 1	Pool Name, including Formation Wildcat (Strawn-Atoka)	Kind of Lease State Federal XX XX	Lease No. NM-64489
Location Unit Letter <u>N</u> : <u>1060</u> Feet From The <u>South</u> Line and <u>2180</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>14 S</u> Range <u>28 E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Unknown - Well Shut In		
If well produces oil or liquids, give location of tanks. <u>NA</u>	Unit	Sec.
	Twp.	Rge.
Is gas actually connected? <u>No - Shut In</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 12/26/88	Date Compl. Ready to Prod. 01/21/89	Total Depth 8450'		P.B.T.D. 8404'				
Elevations (DF, RKB, RT, GR, etc.) 3531.5' GR	Name of Producing Formation Strawn- Atoka	Top Oil/Gas Pay 7730' 7756'		Tubing Depth 7617'				
Perforations 7756 - 69'; 8014 - 31'				Depth Casing Shoe 8450'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		314'		325 sx - Surface			
12 1/4"	8 5/8"		1800'		950 sx - Surface			
7 7/8"	4 1/2"		8450'		750 sx - TOC 6380'			
	2 3/8"		7617'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

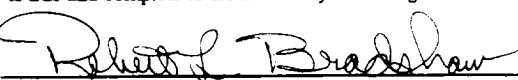
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 114	Length of Test 1	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1342	Casing Pressure (Shut-in) 0	Choke Size 18/64

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
8/10/89
Date
(915) 686-5678
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.
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. D.
ARTESIA, OFFICE

Operator Meridian Oil Inc. ✓	Well API No. 30-005-62658
Address 21 Desta Drive, Midland, Texas 79705	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Cannonball Federal	Well No. 1	Pool Name, including Formation Wildcat (Strawn-Atoka)	Kind of Lease State Federal <input checked="" type="checkbox"/> Lease	Lease No. NM-64489
Location Unit Letter <u>N</u> : <u>1060</u> Feet From The <u>South</u> Line and <u>2180</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>14 S</u> Range <u>28 E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Unknown - Well Shut In		
If well produces oil or liquids, give location of tanks. <u>NA</u>	Unit	Sec.
	Twsp.	Rge.
		is gas actually connected? <u>No - Shut In</u>
		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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 12/26/88	Date Compl. Ready to Prod. 01/21/89	Total Depth 8450'		P.B.T.D. 8404'				
Elevations (DF, RKB, RT, GR, etc.) 3531.5' GR	Name of Producing Formation Strawn- Atoka	Top Oil/Gas Pay 730' 7756		Tubing Depth 7617'				
Perforations 7756 - 69'; 8014 - 31'				Depth Casing Shoe 8450'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"	314'			325 sx - Surface			
12 1/4"	8 5/8"	1800'			950 sx - Surface			
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	2 3/8"	7617'						

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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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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, Sr. Staff Env/Reg Spec.
Printed Name
8/10/89
Date
(915) 686-5678
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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TO TRANSPORT OIL AND NATURAL GAS

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Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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Location Unit Letter N : 1060 Feet From The South Line and 2180 Feet From The West Line Section 7 Township 14 S Range 28 E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Unknown - Well Shut In		
produces oil or liquids, or gas, or both	Unit	Sec.
NA		
is gas actually connected? No - Shut In		
When ?		
Production is commingled with that from any other lease or pool, give commingling order number:		

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					
Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/26/88	01/21/89	8450'	8404'					
(DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3531.5' GR	Strawn- Atoka	7730' 7756	7617'					
7756 - 69'; 8014 - 31'			Depth Casing Shoe					
			8450'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	314'	325 sx - Surface
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7 7/8"	4 1/2"	8450'	750 sx - TOC 6380'
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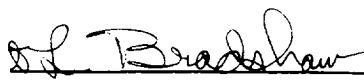
DATA AND REQUEST FOR ALLOWABLE

(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 Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
Running Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

- MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	1	0	0
Shut-in Pressure (back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Pressure	1342	0	18/64

FOR CERTIFICATE OF COMPLIANCE

that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true to the best of my knowledge and belief.


L. Bradshaw, Sr. Staff Env/Reg Spec.
Title
(915) 686-5678
Telephone No.

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Date Approved _____
By _____
Title _____

NOTES: This form is to be filed in compliance with Rule 1104

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