

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1900 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-025-31344
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
Casinghead Gas MUST NOT BE FLARED AFTER <u>11-13-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tijeras State	Well No. 1	Pool Name, Including Formation South Corbin Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. NM-64944
Location Unit Letter <u>0</u> : 1980 Feet From The <u>East</u> Line and <u>510</u> Feet From The <u>South</u> Line Section <u>21</u> Township <u>18S</u> Range <u>33E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico Pipeline <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 1500, Midland, Tx. 79702					
Name of Authorized Transporter of Casinghead Gas Conoco, Inc. <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 1429, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 21	Twp. 18S	Rge. 33E	Is gas actually connected? No	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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-5-91	Date Compl. Ready to Prod. 9-4-91	Total Depth 11,650'		P.B.T.D. 11,580'				
Elevations (DF, RKB, RT, GR, etc.) 3815.3' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,148'		Tubing Depth 2-7/8" @ 10,906'			
Perforations 11,148' - 11,392' Wolfcamp					Depth Casing Shoe 11,650'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 412'		SACKS CEMENT 400 sx - surf.			
12-1/4"	8-5/8"		2907'		1250 sx - surf.			
7-7/8"	5-1/2"		11650'		2135 sx - TOC 2046'			

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 9-13-91	Date of Test 9-13-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hrs. / 24	Tubing Pressure 200#	Casing Pressure 0#	Choke Size 32/64"
Actual Prod. During Test 342	Oil - Bbls. 342 / 684	Water - Bbls. 41 / 82	Gas - MCF 342 / 684

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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 Maria L. Perez
Printed Name Maria L. Perez Title Prod. Assistant
Date 9/23/91 Telephone No. 915/688-6906

OIL CONSERVATION DIVISION
SEP 26 1991

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

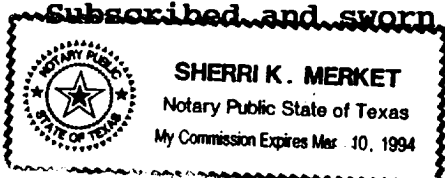
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.

WELL Tijeras State #1LOCATION Sec 21-18S-33E Lea County, NM 1980/E + 570/S
(Give Unit, Section, Township, And Range)OPERATOR Meridian Oil Inc. P. O. Box 510128 Midland, Tx 79705DRILLING CONTRACTOR Exeter Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4 214'</u>	<u>2 7,388'</u>	
<u>3/4 412'</u>	<u>1 7,607'</u>	
<u>1/2 697'</u>	<u>2 1/2 8,107'</u>	
<u>1 1,181'</u>	<u>2 8,230'</u>	
<u>1 1,677'</u>	<u>1 3/4 8,541'</u>	
<u>1 2,176'</u>	<u>1 8,946'</u>	
<u>1 2,578'</u>	<u>1 1/2 9,123'</u>	
<u>1 1/4 2,764'</u>	<u>1/2 9,618'</u>	
<u>1 1/2 2,907'</u>	<u>1/4 10,115'</u>	
<u>1 3,390'</u>	<u>1/2 10,641'</u>	
<u>1 3,884'</u>	<u>1 1/2 11,174'</u>	
<u>3/4 4,383'</u>	<u>2 11,492'</u>	
<u>1 1/4 4,879'</u>		
<u>3/4 5,257'</u>		
<u>1 1/4 5,746'</u>		
<u>1 1/4 6,243'</u>		
<u>1 3/4 6,770'</u>		
<u>2 1/4 7,263'</u>		

Drilling Contractor EXETER DRILLING CO.By Bob Lange
Bob Lange-Drilling Eng.-Southern DivisionSubscribed and sworn to before me this 10th day of September, 1991.Notary Public Sherri K. Merket
Sherri K. MerketMy commission expires: 3-10-94 Midland County, Texas