

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

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

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

State of New Mexico
Energy, 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

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.		Well API No. 30-025-31575
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: REQUEST ALLOWABLE. PREPARING TO FILE FOR Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> LEASE COMMINGLING. 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 _____
(THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
PLEASE SIGN THIS OFFICE. R-9843

II. DESCRIPTION OF WELL AND LEASE

Lease Name PERCHA 15 FEDERAL COM.	Well No. 3	Pool Name, Including Formation SOUTH CORBIN WOLFCAMP 3/1/93	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-21171
Location Unit Letter L : 1830 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 15 Township 18-S Range 33-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PRIDE OPERATING COMPANY <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2436, ABILENE, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 15	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 7-24-92	Date Compl. Ready to Prod. 8-21-92		Total Depth 11,550'		P.B.T.D. 11,510'			
Elevations (DF, RKB, RT, GR, etc.) 3880' GR	Name of Producing Formation WOLFCAMP		Top Oil/Gas Pay 11,147'		Tubing Depth 2-7/8" @ 11,051'			
Perforations 11,147'-11,376'					Depth Casing Shoe 11,550'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		420'		425 SXS			
12-1/4"	8-5/8"		2955'		1250 SXS			
7-7/8"	5-1/2"		11550'		1950 SXS			

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 8-30-92	Date of Test 9-2-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 120#	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 417	Water - Bbls. 61	Gas- MCF 300

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.

Signature Maria L. Perez
Maria L. Perez PRODUCTION ASST.
Printed Name Title
9-14-92 915-688-6906
Date Telephone No.

OIL CONSERVATION DIVISION

SEP 16 '92

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED
SEP 15 1992
OCD HOBBS OFFICE