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
rgy, Minerals and Natural Resources Departm

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator	Well API No.
Meridian Oil Inc.	30-025-30735

Address
21 Desta Dr., Midland, TX 79705

Reason(s) for Filing *(Check proper box)*

New Well	[X]	Change in Transporter of:	Other *(Please explain)* [ ]
Recompletion	[ ]	Oil [ ] Dry Gas [ ]	CASINGHEAD GAS MUST NOT BE FLARED AFTER ___4-8-90___
Change in Operator	[ ]	Casinghead Gas [ ] Condensate [ ]	UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of operator give name
and address of previous operator _____

THIS WELL HAS BEEN PLACED IN THE POOL
INDICATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Mitchell "16" State	1	Young (Wolfcamp)	State, Federal or Fee	V-1357

Location

Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line

Section 16 Township 18 South Range 32 East , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Koch	P.O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	H	16	18-S	32-E	No	Unknown at the present.

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/20/89	2/07/90	11,000'	10,844'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3791' GR.	Wolfcamp	10,396'	10,702'

Perforations	Depth Casing Shoe
10,731'-10,804'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	348'	370 sx-Circ. 75 sx
12 1/4"	8 5/8"	2918'	1250 sx-Circ. 100 sx
7 7/8"	5 1/2"	11,000'	1920'-Calc. TOC 2500'

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.)*
2/08/90	2/09/90	Flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	50	0	64/64"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	195	195	100

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
Robert L. Bradshaw   Env./Reg. Spec.

Printed Name   Title
February 12, 1990   915/686-5678

Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 1990

By Orig. Signed by
Paul Kautz
Geologist

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.