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to appropriate District Office
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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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Meridian Oil Inc.		Well API No. 30-025-30985
Address 21 Desta Dr., Midland, TX 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 Mitchell "16" State	Well No. 3	Pool Name, Including Formation North Young (Bone Spring) <i>R-9447</i>	Kind of Lease State, Federal or Fee State	Lease No. V-1357
Location Unit Letter <i>G</i> : <i>1650</i> Feet From The <i>North</i> Line and <i>2310</i> Feet From The <i>East</i> Line Section <i>16</i> Township <i>18 South</i> Range <i>32 East</i> , <i>NMPM</i> , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company <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 1558, Breckenridge, Texas 76024					
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 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit <i>G</i>	Sec. <i>16</i>	Twp. <i>18S</i>	Rge. <i>32E</i>	Is gas actually connected? No	When? ASAP

If this production is commingled with that from any other lease or pool, give commingling order number:

Applied for.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <i>x</i>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <i>9/01/90</i>	Date Compl. Ready to Prod. <i>10/24/90</i>		Total Depth <i>10,950'</i>		P.B.T.D. <i>10,305'</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3787' GR.</i>	Name of Producing Formation <i>North Young (Bone Spring)</i>		Top Oil/Gas Pay <i>8578'</i>		Tubing Depth <i>8367'</i>			
Elevations <i>8478'-8510', 8602'-8630'</i>					Depth Casing Shoe <i>10,950'</i>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17-1/2"</i>	<i>13-3/8"</i>		<i>364'</i>		<i>375 sx-Circulated</i>			
<i>12-1/4"</i>	<i>8-5/8"</i>		<i>2,907'</i>		<i>1450 sx-Circulated</i>			
<i>7-7/8"</i>	<i>5-1/2"</i>		<i>10,950'</i>		<i>1750 sx--DV @8,011'</i>			
		<i>2-7/8" Tubing</i>	<i>8367'</i>					

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 <i>10/25/90 (Bone Spring)</i>	Date of Test <i>10/30/90</i>	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test <i>24 hrs.</i>	Tubing Pressure <i>65</i>	Casing Pressure <i>-0-</i>	Choke Size <i>32/64"</i>
Actual Prod. During Test	Oil - Bbls. <i>233</i>	Water - Bbls. <i>67</i>	Gas- MCF <i>230</i>

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.

<i>Robert L. Bradshaw</i>	
Signature Robert L. Bradshaw	Env./Reg. Spec.
Printed Name 07 November 1990	Title 915-686-5678
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	<i>NOV 13 1990</i>
By	<i>ORIGINAL SIGNED BY JERRY SEYTHAM</i> 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.

REC'D

NOV 09 1990

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HOBBS OFFICE