

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**

| | | |
|--|--|--|
| Operator MERIDIAN OIL INC. | | Well API No. 30-025-31773 ✓ |
| Address P.O. Box 51810, Midland, TX 79710-1810 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> | | <input checked="" type="checkbox"/> Other (Please explain) ADD CASINGHEAD GAS GATHERER. AND REPORT GAS CONNECT DATE. 0 |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" 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 HAT MESA STATE | Well No. 1 | Pool Name, Including Formation HAT MESA DELAWARE | Kind of Lease State, Federal or Fee STATE | Lease No. V-1618 |
| Location Unit Letter K , 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 32 Township 20-S Range 33-E , NMPM, LEA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|--------------------|--------------------|--|-------------------------|
| Name of Authorized Transporter of Oil KOCH SERVICE INC. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) BOX 2256, WICHITA, KD. 67201 | | | | | |
| Name of Authorized Transporter of Casinghead Gas GPM GAS CORPORATION <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST., ODESSA, TX 79762 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 32 | Twp. 20S | Rge. 33E | Is gas actually connected? YES | When? 2-19-93 |

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) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v | <input type="checkbox"/> Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| | | | |

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 | 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
2-22-93 Title
915-688-6906
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 25 1993

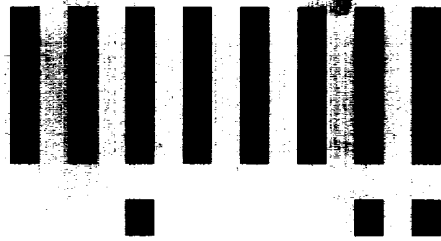
Date Approved _____

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.



LTR



Job separation sheet

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|--|
| Operator MERIDIAN OIL INC. | | Well API No. 30-025-31773 ✓ |
| Address P. O. BOX 51810, MIDLAND, TEXAS 79710 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | REPORT POTENTIAL TEST CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>4-1-93</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

| | | | | |
|---|----------------------|--|--|----------------------------|
| Lessee Name HAT MESA STATE | Well No. 1 | Pool Name, Including Formation HAT MESA DELAWARE | Kind of Lease State, Federal or Fee | Lease No. V-1618 |
| Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 32 Township 20-S Range 33-E , NMPM, LEA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|---------------------|---------------------|---|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) BOX 2256, WICHITA, KN. 67201 | | | | | |
| 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) NOW NEGOTIATING GAS CONTRACT WITH GPM GAS CORP. | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 32 | Twp. 20-S | Rge. 33-E | 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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 11-27-92 | Date Compl. Ready to Prod. 12-18-92 | | Total Depth 8346 | | P.B.T.D. 8295 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3629' GR | Name of Producing Formation DELAWARE | | Top Oil/Gas Pay 6824' | | Tubing Depth 2 7/8" @ 6761 | | | |
| Perforations 6824-7166' DELAWARE | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 400' | | 425 SXS | | | |
| 12-1/4" | 8-5/8" | | 3300' | | 1650 SXS | | | |
| 7-7/8" | 5-1/2" | | 8346' | | 1300 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 12-22-92 | Date of Test 2-2-93 | Producing Method (Flow, pump, gas lift, etc.) 2" X 1-1/4" X 26' PUMP | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 268 | Water - Bbls. 114 | Gas- MCF 192 |

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
2-4-93 Title
Date **915-688-6906**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 12 1993**

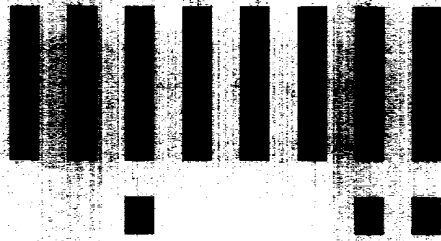
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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
FEB 5 1993
OCD HOBBS OFFICE



LTR



Job separation sheet

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
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

Form C-105
Revised 1-1-89

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

WELL APN NO.
30-025-31773 ✓

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-1618

7. Lease Name or Unit Agreement Name

HAT MESA STATE

8. Well No.
1

9. Pool name or Wildcat
HAT MESA DELAWARE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER _____

b. Type of Completion:
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DRY RESVR ☐ OTHER _____

2. Name of Operator
MERIDIAN OIL INC.

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 32 Township 20-S Range 33-E NMPM LEA County

10. Date Spudded 11-27-92 11. Date T.D. Reached 12-2-92 12. Date Compl. (Ready to Prod.) 12-18-92 13. Elevations (DF & RKB, RT, GR, etc.) 3629' GR 14. Elev. Casinghead

15. Total Depth 8346' 16. Plug Back T.D. 8295' 17. If Multiple Compl. How Many Zones? 18. Intervals Drilled By Rotary Tools 0-TD Cable Tools

19. Producing interval(s), of this completion - Top, Bottom, Name 6824'-7166' DELAWARE 20. Was Directional Survey Made NO

21. Type Electric and Other Logs Run DIL, SPECTRAL LITHODENSITY Comp. Neutron 22. Was Well Cored NO

23. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB/FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|---------------|-----------|-----------|------------------|---------------|
| 13-3/8" | 48# | 400' | 17-1/2" | 425 SXS | 168 SXS |
| 8-5/8" | 32# | 3300' | 12-1/4" | 1650 SXS | 120 SXS |
| 5-1/2" | 17# | 8346' | 7-7/8" | 1300 SXS | TOC @ 3700' |
| | | | | | |
| | | | | | |

| 24. LINER RECORD | | | | 25. TUBING RECORD | | |
|------------------|-----|--------|--------------|-------------------|-----------|------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SIZE | DEPTH SET | PACKER SET |
| | | | | 2-7/8" | 7280' | |
| | | | | | | |

| 26. Perforation record (interval, size, and number) | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | |
|---|--|---|-----------------------------------|
| 8030'-8080', 2JSPF, 100 HOLES, DELAWARE | | DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
| CIBP SET @ 7990' | | 8030-8080 | ACDZ W/2500 GLS 7-1/2% NEFE HCL |
| 6824'-7166', 2JSPF, 282 HOLES, DELAWARE | | FRAC'D W/69,400 | GLS 35# XL-GEL + 90,000#-20/40 SD |
| | | 6824-7166 | ACDZ W/10,000 GLS 7-1/2% NEFE HCL |

28. PRODUCTION FRAC'D W/86,000 GLS 35# XL-GEL + 332,400#
Date First Production 12-22-92 Production Method (Flowing, gas lift, pumping - Size and type pump) 2" X 1-1/4" X 26' 20/40 SD Well Status (Prod. or Shut-in) PRODUCING

| Date of Test | Hours Tested | Choke Size | Prod'n For Test Period | Oil - Bbl. | Gas - MCF | Water - Bbl. | Gas - Oil Ratio |
|--------------------|-----------------|-------------------------|------------------------|------------|--------------|-----------------------------|-----------------|
| 2-2-93 | 24 HRS | | | 268 | 192 | 114 | 716/1 |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (Corr.) | |
| | | | | | | 39.1 | |

29. Disposition of Gas (Sold, used for fuel, vented, etc.) FLARING - NOW NEGOTIATING GAS CONTRACT W/GPM GAS CORP. Test Witnessed By

30. List Attachments

LOGS, C-104

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Maria L. Perez Printed Name MARIA L. PEREZ Title PRODUCTION ASST. Date 2-4-93

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

| | |
|--------------------------|------------------------|
| T. Anhy _____ | T. Canyon _____ |
| T. Salt 1485' | T. Strawn _____ |
| B. Salt 3120' | T. Atoka _____ |
| T. Yates _____ | T. Miss _____ |
| T. 7 Rivers _____ | T. Devonian _____ |
| T. Queen _____ | T. Silurian _____ |
| T. Grayburg _____ | T. Montoya _____ |
| T. San Andres _____ | T. Simpson _____ |
| T. Glorieta _____ | T. McKee _____ |
| T. Paddock _____ | T. Ellenburger _____ |
| T. Blinbry _____ | T. Gr. Wash _____ |
| T. Tubb _____ | T. Delaware Sand 4955' |
| T. Drinkard _____ | T. Bone Springs 8318' |
| T. Abo _____ | T. _____ |
| T. Wolfcamp _____ | T. _____ |
| T. Penn _____ | T. _____ |
| T. Cisco (Bough C) _____ | T. _____ |

Northwestern New Mexico

| | |
|-----------------------------|------------------------|
| T. Ojo Alamo _____ | T. Penn. "B" _____ |
| T. Kirtland-Fruitland _____ | T. Penn. "C" _____ |
| T. Pictured Cliffs _____ | T. Penn. "D" _____ |
| T. Cliff House _____ | T. Leadville _____ |
| T. Menefee _____ | T. Madison _____ |
| T. Point Lookout _____ | T. Elbert _____ |
| T. Mancos _____ | T. McCracken _____ |
| T. Gallup _____ | T. Ignacio Otzte _____ |
| Base Greenhorn _____ | T. Granite _____ |
| T. Dakota _____ | T. _____ |
| T. Morrison _____ | T. _____ |
| T. Todilto _____ | T. _____ |
| T. Entrada _____ | T. _____ |
| T. Wingate _____ | T. _____ |
| T. Chinle _____ | T. _____ |
| T. Permian _____ | T. _____ |
| T. Penn "A" _____ | T. _____ |

OIL OR GAS SANDS OR ZONES

| | |
|----------------------------|----------------------------|
| No. 1, from _____ to _____ | No. 3, from _____ to _____ |
| No. 2, from _____ to _____ | No. 4, from _____ to _____ |

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

| | |
|----------------------------|------------|
| No. 1, from _____ to _____ | feet _____ |
| No. 2, from _____ to _____ | feet _____ |
| No. 3, from _____ to _____ | feet _____ |

LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness in Feet | Lithology | From | To | Thickness in Feet | Lithology |
|------|------|----------------------|------------------------|------|----|----------------------|-----------|
| 1346 | 1485 | 139 | RUSTLER, ANHY. | | | | |
| 1485 | 3120 | 1635 | SALADO, SALT | | | | |
| 4955 | 8318 | 3363 | DELAWARE, SANDSTONE | | | | |
| 8318 | 8346 | 83 | BONE SPRING, LIMESTONE | | | | |

RECEIVED

FEB 05 1993

OCD HOBBS OFFICE