

**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) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: REQUEST TEST ALLOWABLE OF 3000 BO Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas TO TEST WELL PRIOR TO POTENTIAL TESTING. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Jan. 1993		
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 <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 K	Sec. 32	Twp. 20S	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 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 8346'			
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	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 PRODUCTION ASST.
Printed Name MARIA L. PEREZ Title 915-688-6906
Date 1-22-93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 27 1993

By Paul Kautz Orig. Signed by
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.