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

DISTRICT II
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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-025-31653
Address P.O. Box 51810, Midland, Texas 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Request test allowable of 2500 bbls. Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> FLARED AFTER 12-1-92 If change of operator give name and address of previous operator _____ UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DAGGER LAKE STATE	Well No. 1	Pool Name, including Formation WILDCAT Delaware	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. V 2387
Location Unit Letter 0 : 330 Feet From The South Line and 1980 Feet From The East Line Section 5 Township 22-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"/> Pride Pipeline Limited Partnership	Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE - WILL FLARE - UNTIL PIPELINE IS BUILT TO NEAREST GATHERING SYSTEM	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 0	Sec. 5	Twp. 22-S	Rge. 33-E	Is gas actually connected? NO	When? To be Flared

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 7/30/92	Date Compl. Ready to Prod. 8/29/92		Total Depth 8810'		P.B.T.D. 8763'			
Elevations (DF, RKB, RT, GR, etc.) 3646.8' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4950'		Tubing Depth 5080'			
Perforations 4951 - 4985'					Depth Casing Shoe 8810'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8"	622'	630sxs - Surf
12-1/4"	8-5/8"	4486"	2100 sxs - surf.
7-7/8"	5-1/2"	8810'	1675 sxs - TOC @ 2580'
by CBL			

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 9/2/92	Date of Test 10/6/92	Producing Method (Flow, pump, gas lift, etc.) 2-1/2"X2-1/4"X20' TBG PUMP	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 380	Gas - MCF 120

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
Printed Name Maria L. Perez Title Prod. Asst.
Date 10-21-92 Telephone No. 915 688 6906

OIL CONSERVATION DIVISION
OCT 26 '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.

10/10/92 10:10 AM
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RECEIVED
OCT 6 1992
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