

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. 30-025-32287
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHECKERBOARD 23 FEDERAL	Well No. 3	Pool Name, Including Formation WEST RED TANK DELAWARE R-10091 4/1/94	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-81633
Location				
Unit Letter F : 2310 Feet From The NORTH Line and 2295 Feet From The WEST Line				
Section 23 Township 22S Range 32E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT ENERGY CORP. <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 1188, HOUSTON, TX 77251-1188					
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, ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 23	Twp. 22S	Rge. 32E	Is gas actually connected? YES	When? 1/19/94

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 12/1/93	Date Compl. Ready to Prod. 1/22/94		Total Depth 10,100'		P.B.T.D. 9070/CIBP W/35' CMT			
Elevations (DF, RKB, RT, GR, etc.) 3740 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 8360'		Tubing Depth 2-7/8" @ 8270'			
Perforations 8360' - 8494'					Depth Casing Shoe 10,100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		852'		800 SXS			
12-1/4"	8-5/8"		4622'		2250 SXS			
7-7/8"	5-1/2"		10098'		1645 SXS/TOC @ 4620'			

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 1/19/94	Date of Test 1/22/94	Producing Method (Flow, pump, gas lift, etc.) PMPING	
Length of Test 24 HRS	Tubing Pressure 240#	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 300	Water - Bbls. 69	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
DONNA WILLIAMS PRODUCTION ASST.
Printed Name
1/24/94 Title
915-688-6943
Date
Telephone No.

OIL CONSERVATION DIVISION

JAN 28 1994

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.

ORIGINAL SIGNED BY JERRY RAYMOND
DISTRICT SUPERVISOR