

OIL CONSERVATION DIVISION

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

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

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. 30-025-32176
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 checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> E
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name LITTLE JACK 30 FEDERAL	Well No. 1	Pool Name, Including Formation STH SAND DUNES BONE SPRING	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 86927
Location Unit Letter J : 1980' Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 30 Township 23S Range 32E , NM PM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT (ENRON OIL) <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, TEXAS 77251-1188
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 J Sec. 30 Twp. 23S Rge. 32E Is gas actually connected? NO When? W/O GAS CONTRACT

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 12/27/93	Date Compl. Ready to Prod. 2/1/94	Total Depth 9758'	P.B.T.D. 9718'					
Elevations (DF, RKB, RT, GR, etc.) 3605' GR	Name of Producing Formation BONE SPRING	Top Oil/Gas Pay 8637'	Tubing Depth 2.875 @ 8550'					
Perforations 8637' - 8680' (BONE SPRING)			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8" 48# H-40		DEPTH SET 602'		SACKS CEMENT 550 SXS			
12 1/4"	8 5/8" 32# K-55		4502'		1975 SXS			
7 7/8"	5 1/2" 17# K-55		9755'		1400 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 2/3/94	Date of Test 2/16/94	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 140	Casing Pressure 540	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 86	Water - Bbls. 6	Gas - MCF 225

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
Printed Name
2/22/94
Date
Title
PROD. ASST.
915-688-6943
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 01 1994

By

Title
Orig. Signed by
Paul Kauts
Geologist

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.