

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 S. 1st Street, Artesia, NM 88210-2834  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
El /, Minerals & Natural Resources Department

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

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

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Meridian Oil Inc. P.O. Box 51810 Midland, TX 79710-1810		<sup>2</sup> OGRID Number 26485
		<sup>3</sup> Reason for Filing Code New Well
<sup>4</sup> API Number 30-025-33020	<sup>5</sup> Pool Name Triste Draw Delaware	<sup>6</sup> Pool Code 59930
<sup>7</sup> Property Code 16781	<sup>8</sup> Property Name Diamondtail '34' Federal	<sup>9</sup> Well Number No. 3

II. <sup>10</sup> Surface Location

UL or lot no. G	Section 34	Township 23S	Range 32E	Lot. Idn	Feet from the 1980'	North/South Line North	Feet from the 1980'	East/West line East	County Lea
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<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code Federal	<sup>13</sup> Producing Method Code Pumping	<sup>14</sup> Gas Connection Date 1/3/96	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
007440	Eott Energy Corporation P.O. Box 1088 Houston, TX	2815 11 0	Oil	Battery located at the # 1 location in Sec. 34, T23S, R32E
032109	Hadson Gas Gathering/Processi Hobbs, New Mexico 88240	2815 726	Gas	Battery located at # 1 location in Sec. 34, T23S, R32E

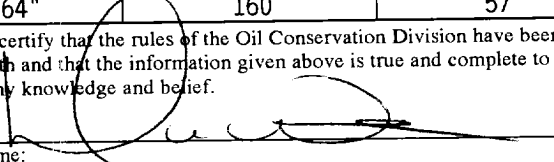
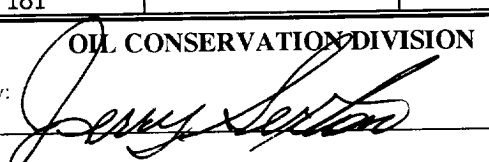
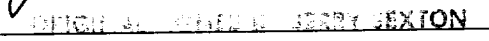

IV. Produced Water

<sup>23</sup> POD 2815 702 New	<sup>24</sup> POD ULSTR Location and Description Going to the Triste Draw '36' State SWD
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V. Well Completion Data

<sup>25</sup> Spud Date 9/22/95	<sup>26</sup> Ready Date 1/3/96	<sup>27</sup> TD 10,150'	<sup>28</sup> PBTB 10,099'	<sup>29</sup> Perforations 8370' - 8528'
<sup>30</sup> Hole Sie 17 1/2"	<sup>31</sup> Casing & Tubing Size 13 3/8" 48#	<sup>32</sup> Depth Set 655'	<sup>33</sup> Sacks Cement 600 SXS	
12 1/4"	8 5/8" 28#/32#	4684'	1800 SXS	
7 7/8"	5 1/2" 17#	10,150'	1125 SXS	

VI. Well Test Data

<sup>34</sup> Date New Oil 1/3/96	<sup>35</sup> Gas Delivery Date 1/3/96	<sup>36</sup> Test Date 1/15/96	<sup>37</sup> Test Length 24 HRS.	<sup>38</sup> Tbg. Pressure 200	<sup>39</sup> Csg. Pressure 55
<sup>40</sup> Choke Size 64/64"	<sup>41</sup> Oil 160	<sup>42</sup> Water 57	<sup>43</sup> Gas 181	<sup>44</sup> AOF	<sup>45</sup> Test Method Pumping
<sup>46</sup> I hereby certify that the rules 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: 			OIL CONSERVATION DIVISION Approved by:  Title:  Approval Date:  FEB 06 1996		
Printed name: Donna Williams		Title: Regulatory Compliance			
Date: 1/30/96	Phone: 915-688-6943				

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change Gas transporter  
RT Request for test allowable (include volume requested)  
If for any other reason write that reason in this box.

4. The API number of this well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of this completion NOTE: If the number United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.

11. The bottom hole location of this completion

12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe

13. The producing method from the following table:  
F Flowing  
P Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:  
O Oil  
G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc )

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.

24. The USLTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing casing pressure – oil wells  
Shut-in casing pressure – gas wells

39. Flowing casing pressure – oil wells  
Shut-in casing pressure – gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.

46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report.

47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person.