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Appropriate District Office
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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. 30-025-31797
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:
Recompletion <input 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name GREGORY "B" FEDERAL	Well No. 2	Pool Name, including Formation RHODES-YTS-7RVRS (GAS)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-032510-B
Location				
Unit Letter A	: 990	Feet From The NORTH	Line and 660	Feet From The EAST
Section 15	Township 26S	Range 37E	NMPM,	LEA
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NO CONDENSATE <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON CARBON & <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
201 MAIN ST., FIRST CITY BANK TOWER, FT. WORTH, TX				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 15	Twp. 26S	Rge. 37E
Is gas actually connected?	YES		When?	6-16-93

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 5-24-93	Date Compl. Ready to Prod. 5-30-93		Total Depth 3100'		P.B.T.D. 3060'			
Elevations (DF, RKB, RT, GR, etc.) 2986.6'GR	Name of Producing Formation YATES		Top Oil/Gas Pay 2716		Tubing Depth 2-3/8" @ 2730'			
Perforations 2716' - 2998'					Depth Casing Shoe 3100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8", 28#		DEPTH SET 435'		SACKS CEMENT 320 SXS TO SURFACE			
7-7/8"	4-1/2", 11.6#		3100'		1920 SXS TO SURFACE			

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 464 AOF	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-in) 249#	Casing Pressure (Shut-in) 249#	Choke Size 64/64"

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
MARIA L. PEREZ PROD. ASST.
Printed Name Title
6-23-93 915-633-6906
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 28 1993

By _____ Orig. Signed by
Paul Kautz
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.