Submit 5 Copies
Appro rists District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Margy, Minerals and Natural Resources Departme

L CONSERVATION DIVISIO

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instruction at Rottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 6485 30-025-32168 MERIDIAN OIL INC. P.O. Box 51810, Midland, TX 79710-1810 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: X New Well Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name 14221 State Federal or Fee FEDERAL LC030174A 3 RHODES YTS, 7RVRS RHODES 'A' 1140 Location Feet From The NORTH Line and 660' Feet From The EAST Line Unit Letter A L.EA 268 Range 37E 22 , NMPM, County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas SID RICHARDSON COMPANY or Dry Gas X Address (Give address to which approved copy of this form is to be sent) 201 MAIN STREET, FT. WORTH, TEXAS 76102 is gas actually connected? When? Unit Twp. If well produces oil or liquids, Rge. Sec. give location of tanks. 10/7/93 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded 3234' 9/12/93 3173' 8/18/93 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth 2985 GR **YATES** 2891' 2883' Depth Casing Shoe Perforations 3234' 2891' - 3112' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 400 300 SXS 12 1/4" 8 5/8" 28# 3234 770 SXS 7 7/8" 4 1/2" 11.6# . TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Tes Casing Pressure Choke Size Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test 4179 AOF 9/18/93 **24 HRS** Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) 428 BACK PRESS. 378 VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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 10/8/93

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

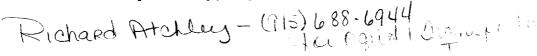
PROD. ASST

Title

915-688-6943

Telephone No.

- 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.



Title.

Date Approved OCT 14 1993

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT L SUPERVISOR