

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

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

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

JAN 3 1991

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No. 30-015-25949
Address 21 Desta Drive, Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <span style="float: right;">Other (Please explain)</span>	
New Well <input type="checkbox"/>	Change in Transporter of: Effective 12-1-90
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 checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shelby Federal	Well No. 3	Pool Name, including Formation McKittrick Hills Upper Penn	Kind of Lease State, Federal or Fee XXX XX XX	Lease No. NM12828
Location				
Unit Letter K	1900	Feet From The ESI	Line and 2150	Feet From The FWI
Section 12	Township 22 S	Range 24 E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P. O. Box 159, Artesia N.M. 88210					
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)					
Gas Co. of New Mexico	P. O. Box 1419 Carlsbas, N.M. 88220					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12	Twp. 22S	Rge. 24E	Is gas actually connected? Yes	When? 12-5-88

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.

*Barbara Carter Noland*

Signature  
Barbara Carter Noland Prod. Asst.

Printed Name  
Barbara Carter Noland Title

Date  
January 2, 1991 Telephone No.  
915-686-5600

OIL CONSERVATION DIVISION

Date Approved JAN 15 1991

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.

Part I D-3  
1-18-91  
Add LT: NRC