

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Meridian Oil Inc.

Address 21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Caviness Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Mescalero Escarpe (Bone Spr)</u>	Kind of Lease <u>State, Federal or Fee Federal NM-30398</u>
Location			
Unit Letter <u>K</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>		
Line of Section <u>11</u>	Township <u>18S</u>	Range <u>33E</u>	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2197, Houston, Tx 77252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>11</u> Twp. <u>18S</u> Rge. <u>33E</u>	Yes Unknown

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

IV. 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.

Cathy Hobbs
(Signature)
Operations Tech III
(Title)
8/4/87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 10 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the density tests taken on the well in accordance with RULE 11.1.

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

Fill out only Sections I, II, III, and VI for changes of well name, number, or transporter or other such change of information.

Separate Form C-104 must be filed for each pool in a recompleted well.