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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**

I.	
Operator Meridian Oil Inc.	Well API No. 30-025-30735
Address 21 Desta Drive; Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> ADD <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mitchell 16 State	Well No. 1	Pool Name, Including Formation Young (Wolfcamp)	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No. V-1357
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>18S</u> Range <u>32 E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3609, Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2197, Houston, Texas 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>16</u>	Twp. <u>18S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u>	When? <u>3-9-90</u>

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
4-19-90 915-686-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 24 1990

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.

RECEIVED

APR 20 1990

OCD
HOBBS OFFICE