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

DISTRICT II

## State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Residud J-1-89 Conditions at Bestern of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		CIDANS	FOR I OIL	AND NATURAL GAS		
perator					Well API No.	
Meridian Oil Inc	•				30-025	- 25267
vidress						
21 Desta Drive		Land, Tex	<u>kas 797</u>	05		
esson(s) for Filing (Check proper box	•			Other (Please expiain)		
iew Well		Change in Tran	sporter of:			
completion U Dry Gas U				Effective 2-1-89		
Change in Operator VX	Casinghead	Gas   Con	densate			
change of operator give name	oyle Hart	tman	P.O Box	10426 Midland, T	Cexas 79702	
• • •		-	T.O BOX	10420 .iiqiana i	.EXAS 19102	
L DESCRIPTION OF WEL	<del> </del>					
Well No.   Pool Name, including					Kind of Lease	Lease No.
Cities-Laughlin		1-   I	Eunice Mo	nument GB/SA	States Federallype Fee	_
ocation	<b>_</b> -			0		
Unit LetterJ	: <u>2</u> 3	10 Fee	From The	1 Line and 23/	O Feet From The E	Line
_						
Section 5 Town	thip 20−S	Ran	<b>37-</b> E	, NMPM,	Lea	County
II. DESIGNATION OF TRA		or Condensus		RAL GAS Address (Give address to which	approved copy of this form us	to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)		
Northern Natural (	as					,
f well produces oil or liquids, we location of tanks.	i i	Sec. Twy	i	is gas actually connected?  Ves	When? /-3-	78
L OPERATOR CERTIF	ICATE OF	COMPLL	ANCE			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION		
is true and complete to the best of my knowledge and belief.				MAD 1 7 1000		
				Date Approved MAR 1 7 1989		
Innie		1 a 1	<u>/</u>	II		
Signature / JANANCIN				By	Orig. Signe	
Connie Monahan	Operat	tions Te	ch TTT		Paul Kau	
Printed Name	•	Titl	•	Tale	Geologis	3C
<u>3-15-89</u>	915,	<u> /686–568:</u>	1_	Title		·
Date		Talanka	- 11	11		

## 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.