

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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V.I.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Meridian Oil Inc.

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Meridian Oil Inc. is now operator
of this lease as of 10-1-88.

If change of ownership give name
and address of previous owner Amoco Prod. Co.

DESCRIPTION OF WELL AND LEASE

Lease Name State "FU"	Well No. 2	Pool Name, including formation Airstrip (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. L-3556
Location Unit Letter <u>N</u> : <u>960</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>18-S</u> Range <u>34-E</u> N.M.P.M. <u>Lea</u> County				

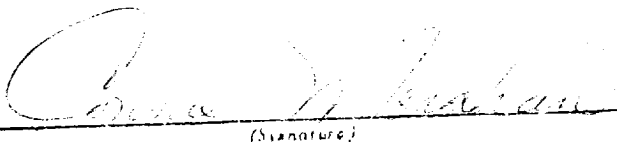
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	Box 3609, Midland, Texas 79705
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>N</u> Sec. <u>25</u> Twp. <u>18S</u> Rge. <u>34E</u>	Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 576

II. 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.



Connie Monahan Operations Tech III

11-30-88

(Date)

OIL CONSERVATION DIVISION

DEC 2 1988

APPROVED _____, 19__

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1105.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 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 name, well name or number, or transporter or other such change of identity.
 Separate Form C-104 must be filed for each pool in multi-completed wells.