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

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

Form C-104 Regiond J-1-89 Sun-destructions at distance of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

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

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

| Operator  |             |  |                    |  | Well API No.   |              |
|---|-------------|--|--------------------|--|----------------|--------------|
| Meridian Oil In   | ıc.         | ****   |                    |  |                |              |
| Address   |             |  |                    |  |                |              |
| 21 Desta Drive  |             | dland, T   | <u>exas 797</u>    |  |                |              |
| Reason(s) for Filing (Check proper box)                                 |             |  |                    | Other (Please explain)   |                |              |
| New Well  |             | Change in Tr                                     | . —                | Effecti  | ve 2-1 -89     |              |
| Recompletion $\square$  | Oil         |  | ry Gas 📙           |  |                |              |
| Change in Operator  | Casinghe    | ad Gas C   | ondensate          |  |                |              |
| f change of operator give name and address of previous operator         | Doyle Ha    | rtman  | P.O. Box           | : 1861 Midland,  | Texas 79702    |              |
| L DESCRIPTION OF WE   | II. AND I E | 'ASF   |                    | · · · · · · · · · · · · · · · · · · ·                                    |                |              |
| Lease Name  | DU AND DE   | <del></del>                                      | oot Name, includir | ng Formation   | Kind of Lease  | Lease No.    |
| B.A. Christm  | nas         | 1  |                    | Gas) Tansill Yates   |                | Lease No.    |
| Location  |             | <del>                                     </del> |                    | Seven Rivers   |                | <del></del>  |
|   |             | 330 _  | _                  | W 16"  | 50 5           |              |
| Unit Letter   | :           | F  | eet From The       | Line and   | Feet From The  | Line         |
| Section 28 Tow  | maship 2    | 2-S R  | ange 36            | -E , NMPM,   | Lea            | _            |
|   | <u></u>     |  | Av                 | , i dvirivi,   | 200            | County       |
| III. DESIGNATION OF TR  | RANSPORT    | ER OF OIL  | AND NATTI          | RAL GAS (TEMPORAL  | RILY ABANDONED |              |
| Name of Authorized Transporter of C                                     |             | or Condense                                      |                    | Address (Give address to which   |                | to be sent)  |
|   | ليجا        |  |                    |  |                | ,            |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas             |             |  |                    | Address (Give address to which approved copy of this form is to be sent) |                |              |
| · · · · · · · · · · · · · · · · · · ·                                   |             |  |                    |  |                |              |
| If well produces oil or liquids,<br>rive location of tanks.             | Unit        | Sec. T   | wp. Rge.           | Is gas actually connected?   | When?          |              |
| VI. OPERATOR CERTI  | FICATE O    | F COMPI  | IANCE              | 11   | <u> </u>       |              |
| I hereby certify that the rules and regulations of the Oil Conservation |             |  |                    | OIL CONSERVATION DIVISION  |                |              |
| Division have been complied with  |             |  |                    | 0.200,10   |                |              |
| is true and complete to the best of my knowledge and belief.            |             |  |                    |  | MAR 1          | )  303       |
| Punie Wonahan   |             |  |                    | Date Approved  |                |              |
|   |             |  |                    | Onia Stanta  |                |              |
| Signature   |             |  |                    | ByBy   |                |              |
| Connie Monahan  | Oper        | ations T   | ech III            | '  | Geolog         |              |
| Printed Name  | -           | T  | itle               | Title  | ,400LO         | 54D <b>V</b> |
| 2-24-89   | 91          | <u>5/686-56</u>                                  |                    |  | <del></del>    |              |
| Date  |             | Teleph   | one No.            | 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.

RECEIVED
MAR 1 1969
MORRS OFFICE