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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
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

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

I.

Operator Meridian Oil Inc.	Well API No.
Address 21 Desta Drive Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) Effective 2-1 -89	
If change of operator give name and address of previous operator Doyle Hartman P.O. Box 1861 Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.F. Janda (NCT-G)	Well No. 2	Pool Name, including Formation Jalmat(Gas) Yates 7 Rivers	Kind of Lease State, Federal, or Private	Lease No. B-229
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>E</u> Line Section <u>24</u> Township <u>23-S</u> Range <u>36-E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 79701
<u>Northern Natural Gas Company</u>	<u>Suite 400, Texas American Bank Bldg., Midland</u> Tx
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When ?
	- - - - yes 12-18-84

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.

Connie Monahan
 Signature
 Printed Name Connie Monahan Operations Tech III
 Title
 Date 2-24-89 Telephone No. 915/686-5681

OIL CONSERVATION DIVISION
MAR 10 1989

Date Approved _____
 By _____
 Title _____
 Orig. Signed by Paul Kautz
 Geologist

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.

45-113

1989

RECEIVED

MAR 1 1989

OCB
HOBBS OFFICE