Submit 5 Copies
Appropriate District Office
DISTRICT P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION NOV 14'90

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

P.O. Drawer DD, Artena, NM 88210

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION. OFFICE

	OH I OIL A	ND NATURAL GAS		
Operator			Well API No.	
DMS Oil Company				
Address 3000 Wilevest Suite	250 h	fouston Tx 770	42	1
		Other (Please explain)		
Reason(s) for Filing (Check proper box) Change in Transp	orter of:			
MEM MEII	<u></u>			
Recompletion G. i. al. al. Conde				-
Change in Operator			70705	
f change of operator give name and address of previous operator Meridian Oil Inc.,	<u>#21 Desta</u>	Drive, Midland,	lexas /9/05	
• •				
II. DESCRIPTION OF WELL AND LEASE Well No. Book it	Vame Including	Formation	Kind of Lesse for	Lease No.
Rocky Arroyo Comm. 1 Rocky	ky Arroyd	Formation Wolfcamp	Kind of Lease fed State, Federal or Fee	NM 12097
			· · · · · · · · · · · · · · · · · · ·	
Location 1980 Feet I		outh Line and 1980	Feet From The Fâ	StLine
Unit Letter : 1900 Feet F	Tom the	DU CIT LINE RING 1200	reat fold the	
Section 8 Township 22-S Range	22_F	, NMPM, Edd	У	County
Section ()				
III. DESIGNATION OF TRANSPORTER OF OIL A	ND NATUR	AL GAS		
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
				,
Name of Authorized Transporter of Casinghead Gas or Dr	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas		P.O. Box 1492, El	Paso Texas	70070
	1 - 1.			/99/8
If well produces oil or liquids, Unit Sec. Twp.	Rge. I	s gas actually connected?	When?	
give location of tanks.		s gas actually connected? Yes		
		Yes	When?	3
give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the rules and regulations of the Oil Conservation	NCE	Yes	When?	3
give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given abo	NCE	Yes	When ? 	3IVISION
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give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given abo	NCE	OIL CONSE	I When? I 10-27-7 ERVATION D NOV 1 NAL SIGNED BY	3IVISION
give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given abo is true and complete to the best of my knowledge and belief.	NCE	OIL CONSE	When ? 10-27-7 ERVATION D NOV 1	3 IVISION 6 1990
give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given abo is true and complete to the best of my knowledge and belief. Signature Gavy Faker Vice P	NCE	OIL CONSE Date Approved By ORIGE MIKE SUPE	I When? I 10-27-7 ERVATION D NOV 1 NAL SIGNED BY WILLIAMS	3 IVISION 6 1990
pive location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIA I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given abo is true and complete to the best of my knowledge and belief. Signature Gary Raker Vice Printed Name Title	NCE	OIL CONSE Date Approved By ORIGI	I When? I 10-27-7 ERVATION D NOV 1 NAL SIGNED BY	3 IVISION 6 1990

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.

Post ID-3 11-16-90 chg ap