

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

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

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 <u>MERIDIAN OIL INC</u>	Well API No.
Address <u>21 DESTA DRIVE MIDLAND, TX 79705</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective <u>7-1-89</u>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EMERY KING NW</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>LANGLIE MATTIX 7 RIVERS QUEEN</u>	Kind of Lease State, Federal or Fee <u>XXXXXXXXXX</u>	Lease No. <u>NMJ549</u>
Location <u>GRAYBURG</u>				
Unit Letter <u>D</u>	<u>660</u>	Feet From The <u>W</u>	Line and <u>330</u>	Feet From The <u>N</u>
Section <u>1</u>	Township <u>23-S</u>	Range <u>36-E</u>	<u>NMPM</u>	County <u>LEA</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>SCURLOCK PERMIAN CORP EFF 9-1-91</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 3119 MIDLAND, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	<u>C</u> <u>1</u> <u>23S</u> <u>36E</u> <u>no</u>

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.

Barbara Carter Noland
Signature
BARBARA CARTER NOLAND _____ PROD. ASST.
Printed Name
7-14-89 _____ Title
Date
(915) 686-5600 _____
Telephone No.

OIL CONSERVATION DIVISION

JUL 19 1989

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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.

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 P.O. Box 2088
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**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)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 2-1 -89
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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 Emery King NW	Well No. 2	Pool Name, including Formation Langlie Mattix 7 Rivers Queen	Kind of Lease State, Federal or Fee	Lease No. NMJ549
Location Grayburg				
Unit Letter D	: 660	Feet From The W	Line and 330	Feet From The N
Section 1	Township 23-S	Range 36-E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Sun Refining & Marketing Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3187 Longview, Texas 75606				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 1	Twp. 23S	Rge. 36E	Is gas actually connected? no	When ?

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

OIL CONSERVATION DIVISION

Date Approved **MAR 10 1989**
 By **Paul Kautz**
 Geologist
 Title

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AVAILABLE FROM
THE
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MAR 1 1989

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