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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 4-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

|                                                                                                                   |                                                                             |                   |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|
| Operator<br>Meridian Oil Inc.                                                                                     |                                                                             | Well API No.      |
| Address<br>21 Desta Drive Midland, Texas 79705                                                                    |                                                                             |                   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                           |                                                                             |                   |
| New Well <input type="checkbox"/>                                                                                 | Change in Transporter of:                                                   | Effective 2-1 -89 |
| Recompletion <input type="checkbox"/>                                                                             | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |                   |
| 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<br>Gregory "A"                                                                                                                                                                            | Well No.<br>7 | Pool Name, including Formation<br>Grayburg<br>Langlie Mattix 7 Rivers Queen | Kind of Lease<br><del>State</del> Federal <del>or</del> <del>Lease</del> | Lease No.<br>LC-054667 |
| Location<br>Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1880</u> Feet From The <u>W</u> Line<br>Section <u>33</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, Lea County |               |                                                                             |                                                                          |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

~~TEMPORARILY ABANDONED~~

|                                                                                                                                                       |                                                                          |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Lusas New Mexico Pipelines</u> | 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 type="checkbox"/><br><u>El Paso Natural Gas</u>           | 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<br><u>0</u>                                                         | Sec.<br><u>33</u>       |
|                                                                                                                                                       | Twp.<br><u>25</u>                                                        | Rge.<br><u>37</u>       |
| Is gas actually connected?<br><u>yes</u>                                                                                                              |                                                                          | When?<br><u>10-1-60</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.

Connie Monahan

Signature  
Connie Monahan Operations Tech III

Printed Name

Date  
2-24-89

Telephone No.  
915/686-5681

OIL CONSERVATION DIVISION

Date Approved MAR 6 1989

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.

1993

ORIGINAL SIGNED BY JAMES H. HARRIS  
BIRMINGHAM, ALABAMA

MAR 1993

AL  
BIRMINGHAM, AL