

District 1 Office
 District 1
 P.O. Box 1980, Hobbs, NM 88240
 District 2
 P.O. Drawer 100, Artesa, NM 88210
 District 3
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
 P.O. Box 2038
 Santa Fe, New Mexico 87504-2038

Form C-104
 Revised 1-1-89
 See instructions
 at Bottom of Page

58667

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

I. Operator MERIDIAN OIL INC. Well ARI No. 30-025-27781
 Address P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: To correct Gas Gatherer from El Paso Natural
 Recompletion Oil Dry Gas Gas Co. to Sid Richardson Carbon & Gasoline
 Change in Operator Casinghead Gas Condensate Company.
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers Courtland Well No. 9 Pool Name, including Formation Salamat Tays. 11 YTT-R Kind of Lease State Lease No. NM 74/88
 Location Unit Letter P 760 Feet From The S Line and 960 Feet From The E Line
 Section 6 Township 24.5 Range 37-E NMPM. lea County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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 Dry Gas Address (Give address to which approved copy of this form is to be sent) _____
Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft. Worth, TX 76102
 If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. Is gas actually connected? yes When? 10-15-82

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
<input checked="" type="checkbox"/>								
Date Spudded	Date Compt. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		

ILLEGIBLE

ING AND CEMENTING RECORD

SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
 Date First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 L. Malik
 Signature
Connie L. Malik, Regulatory Compliance Rep.
 Printed Name Title
1/22/92 915-688-6891
 Date Telephone No.

OIL CONSERVATION DIVISION

FEB 07 '92
 Date Approved _____
 By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title _____

FOR RECORD ONLY MAY 25 1993

- 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.