## District I

PO Box 1980, Hobbs, NM 88241-1980

District II 811 S. 1st Street, Artesia, NM 88210-2834

District III

1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico y, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Form C-104 ed February 10, 1994 Instructions on back Submit to Appropriate District Office

5 Copies

Santa Fe, NM 87504-2088

O Box 2088, Santa Fe, NM 87504-2088													ENDED REPOR	
I.		REQUI	EST FO	R ALLO	WAE	LE A	ND A	UTHC	)RIZAT	TION TO		ANSPOR		
<sup>1</sup> Operator name and Address											<sup>2</sup> OGRID Number			
Meridian Oi			26485											
P.O. Box 51		- 1010									<sup>3</sup> Reason for Filing Code			
Midland, TX	( 7971) API Numb					5	Pool Na	ma		C	<u>hange</u>		tor 1-2-96 Pool Code	
													54-39	
	015-255			SHU	GART Y				N GBG FI	ELD			Well Number	
	6 3			8 Property Name HINKLE F									# 11	
		ce Locati		n								1	# 11	
UL or lot no.				ge Lot. Id	dn	Feet from	n the	North/	South Line	Feet from the	he I	East/West line	e County	
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UL or lot no.	Section				ldn	Feet from	n the	North/S	South Line	Feet from t	he I	East/West line	e County	
12 Lse Code	<sup>13</sup> Produ	icing Method	g Method Code 14 Gas		Connection Date 15 C-		129 Per	ermit Number		<sup>16</sup> C-129 Effe	ctive Da	.te 1' C	C-129 Expiration Date	
FEDERAL	<u> </u>													
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V. Well Co			<u></u> а											
<sup>25</sup> Spud Da		T	<sup>26</sup> Ready D	ate		<sup>27</sup> T	<sup>27</sup> TD <sup>28</sup>			<sup>28</sup> PBTD	PBTD		Perforations	
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VI. Well To	et Da	<u> </u>				لـــــــــــــــــــــــــــــــــــــ	L							
34 Date New C		35 Gas Deli	ivery Date	36 T		37 Test Length			38 Tbg. Pr	essure	39	Csg. Pressure		
<sup>40</sup> Choke Size		41 Oil 42 Water					43 Gas			<sup>44</sup> AOI	F	45	Test Method	
									]					
46 I hereby certify	v that the	rules of the C	Dil Conservat	tion Division	have be	en			277 COI	TOTOTO X7 A II		TTACTON		
complied with and he best of my kno	that the in	nformation g	iven above i	s true and cor	mplete to	°			OIL COR	NSERVAT	ION D	NA1210W		
Signature Signature	CNA		the J	nton	4	App	proved b	-	IMAL SIC	CMED BY	TIM 9	CHM:		
Printed name.	3// ×		<u> </u>			Tir	ORIGINAL SIGNED BY TIM W. GUM Title: DISTRICT II SUPERVISOR							
Title;	A1	Lyson E.	McInti	ırf#/		<del></del>	1 P	<b>N</b> -1-1						
ACCOUNTING A	SSISTA	NT				Apı	proval D	ate:	1AR 11	1 19 <b>96</b>				
Date:	1/26/9		Phone:	915-688										
47 If this is a char			the OGRID 1		*		us operat	or	<del></del>					
		2		SOU		D ROYAL	TY CO	. OGR	ID: 0264	178				
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