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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

RECEIVED

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

OIL CONSERVATION DIVISION

JUL 20 '90

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

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

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

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MERIDIAN OIL INC.	Well API No. 30-015-25949
Address 21 DESTA DRIVE, MIDLAND TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
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 <u>UTPC P.O. BOX 2120, HOUSTON TX 77252-2120</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SHELBY FEDERAL	Well No. 3	Pool Name, Including Formation MCKITTRICK HILLS <i>U/Penn</i>	Kind of Lease State, Federal or Fee	Lease No. NM12828
Location Unit Letter <u>K</u> : <u>1990</u> Feet From The <u>FSL</u> Line and <u>2150</u> Feet From The <u>FW</u> Line Section <u>12</u> Township <u>22S</u> Range <u>24E</u> , NMPM, EDDY <i>Post ID-3 7-27-90</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
GAS CO. OF NEW MEXICO		P.O. BOX 1419 CARLSBAD NM 88220
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		YES
		When ?
		12-5-88

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 Noland

Signature
BARBARA NOLAND PRODUCTION ASST.

Printed Name
7-19-90 (915) 686-5600

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 25 1990

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.