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Form C-104  
 Revised 10-01-78  
 Format 06-01-83  
 Page 1

**OIL CONSERVATION DIVISION**  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

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

**I.**

Operator Meridian Oil Inc.

Address 1800 Wilco Bldg. Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Operator	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner El Paso Exploration Company 1800 Wilco Bldg. Midland, Tx 79701

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Pecos Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Brushy Draw Delaware</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM58034</u>
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>2030</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>26S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2256 Wichita, Ks 67201</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Maljamar, NM 88264</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>27</u> Twp. <u>26S</u> Rge. <u>29E</u>	Is gas actually connected? <u>          </u> when <u>          </u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

*Candice Myers*  
 (Signature)  
 Production Clerk  
 (Title)  
 1-9-86  
 (Date)

**OIL CONSERVATION DIVISION**  
**JAN 23 1986**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
 TITLE \_\_\_\_\_ Supervisor District II

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

*Post JD-3  
 1-31-86  
 Chy ap*