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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 1-1-89  
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 MERIDIAN OIL INC.	Well API No.
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 <i>Union Texas Ref Corp.</i> UTPC P.O. BOX 2120, HOUSTON TX 77252-2120	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SUPERIOR STATE	Well No. 1	Pool Name, Including Formation TOWNSEND PERMO UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. B-10629
Location Unit Letter <u>J</u> : <u>3606.1</u> Feet From The <u>N</u> Line and <u>1993.8</u> Feet From The <u>E</u> Line Section <u>3</u> Township <u>16S</u> Range <u>35E</u> , NMPM, LEA 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"/> TEXAS NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA OK					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>3</u>	Twp. <u>16</u>	Rge. <u>35</u>	Is gas actually connected?	When ?

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 23 1990  
By ORIGINAL SIGNED BY JERRY CEXTON  
Title DISTRICT SUPERVISOR

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.

RECEIVED

JUL 20 1990

OCD  
HOBBS OFFICE