

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                       |  |
|-----------------------|--|
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| SANTA FE              |  |
| FILE                  |  |
| U.S.G.S.              |  |
| LAND OFFICE           |  |
| TRANSPORTER           |  |
| OIL                   |  |
| GAS                   |  |
| OPERATOR              |  |
| PRODUCTION OFFICE     |  |

Operator  
**Meridian Oil Inc.**

Address  
**21 Desta Drive, Midland, Texas 79705**

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| Reason(s) for filing (Check proper box)      |  | 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 Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> | Condensate <input type="checkbox"/> |  |

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|  |                      |   |  |           |
|--|----------------------|---|--|-----------|
| Lease Name<br><b>State IA</b>  | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>Airstrip (Bone Spring)</b> | Kind of Lease<br>State, <del>XXXXXX</del> <b>LG-1085</b> | Lease No. |
| Location   |                      |   |  |           |
| Unit Letter <b>D</b> : <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> |                      |   |  |           |
| Line of Section <b>36</b> Township <b>18S</b> Range <b>34E</b> , NMPM, Lea County                          |                      |   |  |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Bermian SCURLOCK PERMIAN CORP EFF 9-1-91</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 3119, Midland, Texas 79702</b> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum Company</b>                    | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 1589, Tulsa, Oklahoma 74102</b>      |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge.<br><b>C 36 18S 34E</b>  |
| Is gas actually connected? <b>Yes</b>   | When <b>Unknown</b>   |

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 Custer Haland*  
(Signature)  
Production Assistant  
(Title)  
December 28, 1988  
(Date)

OIL CONSERVATION DIVISION

**DEC 29 1988**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT SUPERVISOR**  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1.05.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 1.11.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in multi completed wells.

RECEIVED

DEC 28 1968

OCN  
HOBBS OFFICE