

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	NAT		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Meridian Oil Inc.

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Meridian Oil Inc. is now operator for this lease as of 10-1-88.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner Amoco Prod Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "FU"	Well No. 6	Pool Name, including Formation Airstrip (Bone Spring)	Kind of Lease State, Federal or Fee State L-	Lease No. 3556
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>750</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>18S</u> Range <u>34E</u> , NMPM, <u>Lea</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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 3609, Midland, Tx 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25	Twp. 18S	Rge. 34E	Is gas actually connected? Yes	When Unknown

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.

Cathy Toke
(Signature)

Operations Tech III

10/18/88

(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
Orig. Signed by
Paul Kautz
Geologist
TITLE _____

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 deviation 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 multiply completed wells.