

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service <i>BLM</i>	
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:	Test allowable of 700 bbls for January, 1986. Bone Spring formation. Top perf 8688, bottom 8726 (32 holes)	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input checked="" type="checkbox"/> Change in Operator	<input type="checkbox"/> Casinghead Gas		
		<input type="checkbox"/> Dry Gas	
		<input type="checkbox"/> Condensate	
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 Caviness Federal	Well No. 1	Pool Name, including Formation Mescalero Escarpe <i>Spring</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM30398
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>18S</u> Range <u>33E</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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, KS 67201	
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)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 11
	Twp. 18S	Rge. 33E
	Is gas actually connected? No	
	When February, 1986	

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.

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

OIL CONSERVATION DIVISION

APPROVED JAN 15 1986, 19
BY ORIGINAL SIGNED BY JERRY DEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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 condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.