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Appropriate District Office  
DISTRICT I  
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DISTRICT II  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

Operator <b>Meridian Oil Inc.</b>		Well API No. <b>30-025-29536</b>
Address <b>21 Desta Drive, Midland, Texas 79705</b>		
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>1-1-90 effective date</b>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>South Corbin Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Corbin Bone Springs South</b>	Kind of Lease State, Federal or Foreign <b>XXXX XXXXX</b>	Lease No. <b>NM61604</b>
Location				
Unit Letter <b>B</b>	<b>455</b>	Feet From The <b>North</b> Line and <b>2310</b>	Feet From The <b>East</b> Line	
Section <b>20</b>	Township <b>18S</b>	Range <b>33E</b>	<b>NMPM</b>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Pride Pipeline</b>	<b>P.O. Box 2436, Abilene, Texas 79604</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<b>B</b>	<b>20</b>	<b>18S</b>	<b>33E</b>		

**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.

Signature *Barbara Carter Noland*  
Printed Name **Barbara Carter Noland** Title **Prod. Assistant**  
Date **3-13-90** Telephone No. **915-686-5600**

**OIL CONSERVATION DIVISION**

**MAR 15 1990**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
Title **DISTRICT I 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.