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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**

I.

| | |
|---|--------------|
| Operator Meridian Oil Inc. | Well API No. |
| Address 21 Desta Drive, Midland, Texas 79705 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 4-1-90 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-----------------------|
| Lease Name Caviness Federal | Well No. 3 | Pool Name, Including Formation Mescalero Escarpe (Bone Springs) | Kind of Lease State, Federal or Free XXXX | Lease No. NM-30398 |
| Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 11 Township 18S Range 33E, 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"/> Pride Pipeline OPERATING | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 11 | Twp. 18S | Rge. 33E | Is gas actually connected? Yes | 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.

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
DISTRICT I SUPERVISOR
Title

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.