	,				
Submit 5 C On. Appropriate 1 On. DISTRICT I P.O. Bo 198., E II DISTRIC 1 E P.O. Draw. ED, 7		P.	Diperament	·	Form C-194 Revised 1-1-89 See Instructions at Bottom of Page
I. Operator Meridian Oil Inc.			BLE AND AUTHORIZA LAND NATURAL GAS	Well API No.	200
Address 21 Desta Drive, Mid	land, Texas	₹9705		30-025-30	J022
Reason(s) for Filing (Check pt oper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL	Oil Casinghead Gas	in Transporter of: Dry Gas Condensate	Other (Please explain)		
Lease Name State 16	Well No 4		ing Formation bin (Delaware)	Kind of Lease State, Federal or Fee	Lease No. LG-4087
Unit Letter M Section 16 Township	: 548 • 18S	Feet From The S	outh Line and 760	Feet From The	West Line
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF C		RAL GAS Address (Give address to which	approved come of this form	
exas New Mexico Fipeline Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Conoco			P.O. Box 2528, Hobbs New Mexico 88241-2528 Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Toxas 77001		
If well produces oil or liquids, give location of tanks. VI. OPERATOR CERTIFIC	Unit Sec. M 4 ATE OF COM	Twp. Rge. 185 33E	Is gas actually connected?	When? 8-3-89	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

915-686-5600

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Barbara Carter Noland

Signature

Date

Printed Name 2-12-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

Date Approved _

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.