Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Signature

Det

Printed Name

Connie Monahan

-24-89

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Meridian Oil Inc. Address 21 Desta Drive Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 2-1 -89 Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name Doyle Hartman P.O. Box 1861 and address or previous operator Midland. Texas 79702 IL DESCRIPTION OF WELL AND LEASE Lassa Name Pool Name, Including Formation Kind of Lease Leese No. Bern "A" Eumont Yates 7 Rivers Queen State, Federal or Fee B-10268 Location 661 Feet From The Feet From The T ine 14 Township 19-S 36-E NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas (XX) Address (Give address to which approved copy of this form is to be sent) 79701 Northern Natural Gas Company Suite 400, Texas American Bank Bldg., Midland Tx If well produces oil or liquids, Unit Sec Twp. Rgs. Is gas actually connected? When? give location of tanks. yes VL OPERATOR CERTIFICATE OF COMPLIANCE unknown I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

Title

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

915/686-5681

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Tech III

Title

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.