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

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 Gendermanions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•	IUINA	ANSPURI UIL	AND NATURAL GAS		
perator				Well API No.	
Meridian Oil I	inc.				
ddress					
21 Desta Drive	Midla	nd, Texas	79705		
eason(s) for Filing (Check proper be			Other (Please explain)	· 	
iew Well	Change in	Transporter of:	Effectiv	e 2-1 -89	
lecompletion	Oil 🗌	Dry Gas	HITECTIV	C 2-1 -09	
Change in Operator	Casinghead Gas	Condensate			
change of operator give name	Ooyle Hartman	P.O. Bo	x 1861 Midland	l, Texas 7970)2
•			· · · · · · · · · · · · · · · · · · ·	 	
L DESCRIPTION OF WE		1=			
.esse Name		Pool Name, including		Kind of Lease	Lease No.
R.H. Huston, Jr.	4	Eunice-Mon	ument(Grayburg) SA	XXXXXXXXX Y Fee	
ocation					
Unit Letter P	:330	Feet From The $\frac{S}{S}$	Line and990 ·	Feet From The	_E Line
Section 8 Tow	reship 19-S	Range 37-E	, NMPM,	Lea	County
			20110100	K.PERMIAN CORP EFF	0.1.01
II. DESIGNATION OF TR		IL AND NATU	RAL GAS SCURLOC	IN PERMIAN DURF EFF	3-1-31
lame of Authorized Transporter of C	Dil XX or Conde		Address (Give address to which	approved copy of this form	is to be sent)
Permian C orporatio			P.O. Box 1183	Houston, Tx.	77001
iams of Authorized Transporter of C	Casinghead Gas XX	or Dry Gas	Address (Give address to which	approved copy of this form	is to be sent)
El Paso Natural Ga	as Co.		P.O. Box 1384	Jal. N.M. 88	1252
well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?	
ve location of tanks.	P 8	19S 37E	yes	5-3	0-80
I. OPERATOR CERTIF	FICATE OF COM	PLIANCE			
I hereby certify that the rules and	regulations of the Oil Conse	rvation		ERVATION D	IVISION
Division have been complied with	and that the information giv	ren above		MADE	0.4000
is true and complete to the best of	my knowledge and belief.	4	Date Approved	MAR *	פטפו א
Anux	V/lana	ullan .	Date Approved		
	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e reac	By op	GINAL SIGNED BY	ERRY SEXTON
Signature Connie Monahan	Operations Tec	h III	By <u>ORI</u>	DISTRICT I SUPE	
Printed Name		Title	—		
2-24-89	915/68		Title		
Date	Tel	ephone No.	11		

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.