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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
Substitutions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No. 30-025-25546
Address 21 Desta Drive Midland, Texas 79705	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 2-1-89 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Doyle Hartman P.O. Box 10426 Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo SE State	Well No. 2	Pool Name, including Formation Eunice-Sr-On, South	Kind of Lease State, Federal, or Fee XXXXXXXXXX	Lease No. B-1484
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line Section <u>17</u> Township <u>22-S</u> Range <u>36-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian Corp. <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Tx. 77001
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>17</u> Twp. <u>22</u> Rng. <u>36</u>	Is gas actually connected? <u>yes</u> When? <u>8-1-77</u>

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 Connie Monahan
Printed Name Connie Monahan Title Operations Tech III
Date 3-15-89 Telephone No. 915/686-5681

OIL CONSERVATION DIVISION

MAR 17 1989

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.