Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

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

I.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Reviewd 1-1-89 Sandarffrontions at Battern of Pare

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.	<u> </u>					1	
Address							
21 Desta Drive		Midla	nd, Te	exas	<u>79705</u>		
Reason(s) for Filing (Check proper box)					Other (Please explain)		
New Well	_	Change i	ia Transpor		Effect	ive 2-1 -89	
Recompletion	Oil	Ļ	Dry Gas	_			
Change in Operator	Casieghe	ad Gas					
d address of previous operator give name Doyle Hartman P.O. Box 1861 Midland, Texas 79702							
• • • -							
IL DESCRIPTION OF WELL	AND LE						
Lease Name		Well No	Pool Na	me, Includi	ig Formation	Kind of Lease	Lease No.
Della B. Boren		4	Euni	<u>ce 7 R</u>	<u>ivers Queen</u> Sout	h XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Location							.
Unit Letter G	. 10	980	Feet Fm	m The	N Line and 1	980 Feet From The	Е
	•••••••••••••••••••••••••••••••••••••••					rest from the	
Section 20 Township	22-8	5	Range	36	-E, NMPM.	Lea	County
						ICK PERMIAN CORP EFF 9	
III. DESIGNATION OF TRANS	SPORT	ER OF (DIL ANI) NATU	RAL GAS SCURLO	ICK PERMIAN OUTE EFF 5	-1-21
Name of Authorized Transporter of Oil		or Cond			Address (Give address to wh	ich approved copy of this form	is to be sent)
Permian G orporation			·		P.O. Box 1183	Houston, Tx.	
Name of Authorized Transporter of Casing	head Gas	<u>KX</u>	or Dry C	Gas 🔲		ich approved copy of this form	
El Paso Natural Gas Co.				P.O. Box 1384		252	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When ?	
give location of tanks.	В	20	225	36E	ves	1-8-	-85
VL OPERATOR CERTIFIC.	ATE O	F COM	PLIAN	CE			
I hereby certify that the rules and regula	tions of th	e Oil Cons	nvation		OIL CON	SERVATION D	IVISION
Division have been complied with and t	hat the infe	xmatice gi	ven above				- 40.00
is true and complete to the best of my knowledge and belief.					_ MAR	8 1989	
				Date Approved			
- Cruce /	[4	1. Ct	loon	_			
Signature	7		C. K.	<u> </u>	By	RIGINAL SIGNED BY	ERRY SEXTON
Connie Monahan Operations Tech III				DISTRICT SUPERVISOR			
Printed Name		015/00	Title		Title		
<u>2-24-89</u>		<u> 772/68</u>	86-5681	-	''''''''''''''''''''''''''''''''''''		
			lephone No				

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.



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