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

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

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

I.

## State of New Mexico Energy, Minerals and Natural Resources Department

orm C-104 4 1-1-89 7226

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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REQUEST FOR	ALLOWABLE AND	AUTHODIZATU
ILGUESI FUR		AUTHORIZATI

## THORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.	
MERIDIAN OIL INC.		
Address		
<u>21 Desta Drive</u> <u>Midland, Texas</u> <u>7970</u>	)5	
Reason(s) for Filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Effective 2-1 -89	
Recompletion U Oil Ury Gas		
Change in Operator XX Casinghead Gas Condensate		
If change of operator give name Doyle Hartman P.O. B	Sox 1861 Midland, Texas 79702	
IL DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, incl		
Location	$\frac{Queen}{SK} \leq \frac{C}{C} \leq$	
Unit Letter J :1450 Feet From The .	S Line and 1980 Feet From The E Line	
Section 20 Township 20-S Range 3		
Section 20 Township 20-S Range 3	7-E, NMPM, Lea County	
IH. DESIGNATION OF TRANSPORTER OF OIL AND NAT		
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)		
El Paso Natural Gas Company	P.O. Box 1492 El Paso, Tx. 79978	
If well produces oil or liquids, Unit Sec. Twp. Re	P. Is gas actually connected? When ?	
prve location of tanks.		
VI. OPERATOR CERTIFICATE OF COMPLIANCE		
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		
to due and complete to the best of my knowledge and belief.	Date Approved MAR 6 1989	
Jamie Monathan		
	ORIGINAL SIGNED BY JERRY SEXTON	
Signature Connie Monahan Operations Tech III	ByDISTRICT + SUPERVISOR	
Pristed Name Title		
2-24-89 915/686-5681	Title	
Date Telephone No.		

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

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- 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.

MAR 1 1989 OCD HOBBS OFFICE

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RECEIVED