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

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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRANSPOR	RT OIL	AND NATURA	LGAS	Well API No.	<del></del>
Operator						Well API 140.	
Meridian Oil Inc.							
Address							
21 Desta Drive, Midla	and, Texas	<u> 79705</u>	_	Ot (8)			
Reason(s) for Filing (Check proper box)			_	Other (Please	е ехриант)		
New Well		nge in Transporte	r of:				
Recompletion	Oil	Dry Gas		mca	1	1000	
Change in Operator	Casinghead Gas	Condensa	te X	Effective J	une I.	1989	
If change of operator give name and address of previous operator							
	ANDIEACE						
II. DESCRIPTION OF WELL	ANU LEASE	No. Pool Nam	e Includin	g Formation		Kind of Lease No.	
Lease Name				tes-7Rivers-	Oucon	State, Federal or Fee	Fee
Brownlee		I LEDIIIO	nt. (18	TEZ=/KIVELZ=	Museuti		
Location	. 760		_ 0	outh Line and	1980	Feet From The	ast Line
Unit Letter	:/60	Feet Pron	1 lne	OUTLIT LIBE AND		rect riom like	
Section 25 Townsh	21S air	Range	36E	. NMPM.	l ea	_	County
Section 25 Townsh	713			<u> </u>			
III. DESIGNATION OF TRAI	NSPORTER O	F OIL AND	NATUE	RAL GAS			
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)			
Enron Oil Trading & Transportation				P. O. Box 10607, Midland, Texas 79702			
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas				P. O. Box 1			/99/8
If well produces oil or liquids,	Unit Sec.		Rge.	Is gas actually connec	ted?	When?	
give location of tanks.	0 1 2		_36E	Yes		Unknown	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION							
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 providing and belief.				_		AUL	1 7 1989
IS IT OF AUGU CONTIDENE TO THE OPEN OF THY ASSOCIATION OF THE T				Date App	roved _		
Builara Mali Halland				AV JEBOV SEXTON			
				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
Signature Barbara Carter Noland Prod. Asst.					DI	STRICT I SUPERAIS	,
Printed Name Title				Title			
7-12-89	915-686-56			''			
Date		Telephone 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.

RECEIVED

14 1989

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