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Submit 5 Copies State of Ne				Form C-104
Appropriate District Office	Energy, Minerals and Nan	rai Resources Department		Review 1-1-89
<u>DÍSTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		-		Surday Submissions
	OIL CONSERVA	TION DIVISION		at Bettern of Page
DISTRICT II P.O. Drawer DD. Artesia, NM 88210	P.O. Bo			
P.O. Diawa DD, Andala, NM 86210		xico 87504-2088		
DISTRICT III				
1000 Rio Brazos Rd., Aztec, NM 87410	QUEST FOR ALLOWAB	LE AND AUTHORIZAT	ION	
I.		AND NATURAL GAS		
Operator			Well API No.	
Meridian Oil Inc.				
Address			l	
Resson(s) for Filing (Check proper box)	idland, Texas 797			
	Change in Transaction of	Other (Please explain)	-	
	Change in Transporter of:	Effectiv	ve 2-1 -89	
Recompletion Oil	Dry Gas			
	head Gas Condensate			
If change of operator give name Doyle H	artman P.O. Box	: 1861 Midland,	Texas 79702	
and address of previous operator		1001 Infafana,	10Ad3 79702	
IL DESCRIPTION OF WELL AND I	EASE			
Lease Name	Well No. Poot Name, Includin	ng Formation	Kind of Lease	Lease No.
J.K. Rector	Z Eumont	1-SR-QN	State, Foderal or Fee	
Location				·
Unit Letter 0 ; 9	90 Feet From The	Line and 165	0 5	Е
			Feet From The	Line
Section 30 Township 2	1 03 🔏 Range 3	6-E , NMPM,	Lea	Country
		, , , , , , , , , , , , , , , , , , , ,		County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATTO	RAL GAS TEMPORAR	ILY ABANDONED	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
			pprotectopy of the form	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved come of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquida, Unit	Sec. Two. Ree.		1	
rive location of tanks.	Sec. Twp. Rgs.	is gas actually connected?	When ?	
VI. OPERATOR CERTIFICATE			I	
			ERVATION DI	VICION
I hereby certify that the rules and regulations of Division have been complied with and that the i				
is true and complete to the best of my knowledge and belief.			MAR 10	1000
		Date Approved	WAR T.V	1909
Signature		By	Orlo Stan	
•	By Orig. Signed by Paul Kauta Geologist			
<u> </u>		Goologia		
	Title	Title	8192	
	15/686-5681			
Date	<u>15/686-5681</u> Telephone 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.

All sections of this form must be filled out for allowable on new and recompleted wells.
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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HOUES Street

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