Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
1000 Rio Brazos Rd., Aztec, NM 87410 I.	QUEST FOR ALLOWAE TO TRANSPORT OIL		ION					
Operator MERIDIAN OIL INC.			Well API No.					
21 DESTA DRUVE MIDLAN       Reason(s) for Filing (Check proper box)       New Well       Recompletion	Change in Transporter of: X Dry Gas head Gas Condensate	Other (Please explain) Effect	ive 7-1-89					
If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND L Lease Name EMERY KING NW	Well No.         Pool Name, Including           2         LANGLIE	ng Formation TTIX 7 RIVERS QUEEN	Kind of Lease Suse, Enderal or Fee	Lease No. NMJ 549				
Location Unit Letter D: Section 1 Township	GRAYBURG <u>660</u> Feet From The 23-S Range 36-		Feet From The	N Line				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Casinghead Ga	s or Dry Gas	P.O. BOX 3119 Address (Give address to which a	MIDLAND, TX pproved copy of this form	79702 is to be sent)				
If well produces oil or liquids, Unit give location of tanks. C	1 236 36E	Is gas actually connected?	When ?					
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 isoviedge and belief.		OIL CONSERVATION DIVISION          JUL 1 9 1989         Date Approved         By         ORIGINAL SIGNED BY JERRY SEXTON         DISTRICT I SUPERVISOR						
BARBARA CARTER NOLAND Printed Name 7-14-89 Date	PROD. ASST. Title (915) 686-5600 Telephone No.	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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Coni Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

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

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DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

				BLE AND AUTHORIZ	ZATION	
Operator			ANSPORT OF	LAND NATURAL GA	S	
					Well API No.	
MERIDIAN OIL INC.						
Address						
<u> </u>	Midl	and, To	<u>exas 7</u> 9705			
Ressous) for Filing (Check proper bo	<b>z</b> )			Other (Please expla	(a)	
New Well		Change	in Transporter of:		tive 2-1 -89	
Recompletion 🗌	Oil	Ē	Dry Gas	LITEC	LIVE 2-1 -09	
Change in Operator XX	Casing	nead Gas				
f change of operator give name						
ad address of previous operator	Doyle H	artman	P.O. Bo	<u>x 1861 Midlan</u>	d, Texas 7970	2
L DESCRIPTION OF WEL	LANDI	FACE				
		Well No			· · · · · · · · · · · · · · · · · · ·	
Emery King NW		2			Kind of Lease	Lesse No.
Later y King NW		Ζ	Langlie Ma	ttix 7 Rivers Que	en XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NMJ 54 9
				Grayburg		
Unit LetterD	:	560	_ Feet From The	W Line and 33.	0 Feet From The	Ν
					rearison the	Lin
Section 1 Town	<b>unhip</b> 23-	~				
	up 20-	-5	Range 36-1	E . NMPM.	Lea	<b>a</b> .
				, , i dvir ivi,	Lea	County
I. DESIGNATION OF TRA	ANSPORT			, , i dvir ivi,	Lea	County
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II. DESIGNATION OF TRA Name of Authorized Transporter of Oil Sun Refining & Mark	ANSPORT	ER OF ( or Cond		RAL GAS Address (Give address to whit P.O. Box 3187	ch approved copy of this form Longview, Texas	n is to be sent) 75606
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil Sun Refining & Mark	ANSPORT	ER OF ( or Cond		RAL GAS Address (Give address to whi	ch approved copy of this form Longview, Texas	n is to be sent) 75606
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MAR 1 1989

RECEIPTS

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