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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No.

MERIDIAN OIL INC.							
Address					- •	!	
21 Desta Drive	Midland.	Texas	79705				
Resson(s) for Filing (Check proper box)			Other (Pleas	e explain)		
New Weil		inge in Transpor	nter of:	Ef:	fective	2-1 -89	
Recompletion	Oil	Dry Gas	. \sqcup			•	
Change in Operator XX	Casinghead Ga	a Condens	mte 🗌				
If change of operator give name and address of previous operator	oyle Hartm	an P.	.O. Boz	k 1861 Mi	dland,	Texas 79702	
IL DESCRIPTION OF WELL	L AND LEASE	,					
Lease Name Well No. Pool Name, Including Formation						Kind of Lease	Lease No.
Elliott B-6	1	Eum	<u>iont Ya</u>	tes-7Rivers	Queen	SOME Federal XX Fex	NM-1410
Unit LetterM	:330_	Feet Fro	m The	S Line and _	610	Feet From The	W Line
Section 6 Towns	hip 22-5	Range	3	7-E . NMPM.		Lea	County
				 			County
IH. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER O	F OIL AND	NATU	RAL GAS			
-	-	Condensate		Address (Give address	t to which a	pproved 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.	Rge.			When?	79976
pive location of tanks.		L	1	ves		5-1-57	
VL OPERATOR CERTIFIC	CATE OF CO	MPLIAN	CE				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION			
is true and commete to the best of me	d that the information	n given above					
is true and complete to the best of my knowledge and belief.				Date Appr	oved _	MA.	1000
Signature ///streeken				Ву		Orig. Sign	ed by
Connie Monahan Operations Tech III				Paul Kautz			
Printed Name Title 2-24-89 915/686-5681				Title Geologist			
Date		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
- 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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