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

DISTRICT II

I.

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							
•						Well API No.	
MERIDIAN OIL INC	·						
Address						·	
21 Desta Drive	Midlar	nd. Te	xas 79	705			
Reason(s) for Filing (Check proper	bax)	····		<u></u>	Other (Please explain)		· · · · · · · · · · · · · · · · · · ·
New Well		Change in	Transporter o	of:	Effective	2-1 -89	
Recompletion	Oil		Dry Gas				
Change in Operator XX	Casinghea	ıd Gaz 🗌	Condensate				
I change of operator give name and address of previous operator	Doyle Hai	rtman	P.O.	Вох	: 1861 Midland,	Texas 79702	
IL DESCRIPTION OF WI	ELL AND LE	ASE				A-GB	
Lease Name		Well No.	Pool Name,	includi	ng Formation arrow hear	Kind of Lease	Lease No.
Elliott B-6		1	1		tes-7Rivers Queen	State Federal XX Fex	NM-1410
Location							!
Unit LetterM	:3	330	_ Feet From T	he	S Line and 610	Feet From The	W Line
Section 6 To	wnship 2	22-S	Range	3	7-E , NMPM ,	Lea	County
							County
ייי אר זוארדי ווארדי או אווי	DANCRODO	n on o					
III. DESIGNATION OF T	RANSPORTE			ATUI			
III. DESIGNATION OF T Name of Authorized Transporter of	RANSPORTE Oil	OR OF O		ATUI	RAL GAS Address (Give address to which a	pproved copy of this form	is to be sent)
Name of Authorized Transporter of Name of Authorized Transporter of	Oil Casinghead Gas						
Name of Authorized Transporter of Name of Authorized Transporter of El-Page Naturel Ga	Casinghead Gas	or Conder	or Dry Gas		Address (Give address to which a Address (Give address to which a	pproved copy of this form	
Name of Authorized Transporter of Name of Authorized Transporter of	Oil Casinghead Gas		nsaie		Address (Give address to which a P.O. Box 1492 E	pproved copy of this form 1 Paso, Tx. When ?	is to be sent)
Name of Authorized Transporter of Name of Authorized Transporter of E1-Page Naturel Ca If well produces oil or liquids, give location of tanks.	Casinghead Gas Company Unit	or Conder	or Dry Gas	XXI Rge.	Address (Give address to which a P.O. Box 1492 E	pproved copy of this form	is to be sent)
Name of Authorized Transporter of Name of Authorized Transporter of El-Page Natural Ca If well produces oil or liquids, pive location of tanks. VL OPERATOR CERTI I hereby certify that the rules and	Casinghead Gas GOOD TO	Sec. COMP	or Dry Gas	XXI Rge.	Address (Give address to which a P.O. BOX 1492 E. Is gas actually connected?	pproved copy of this form 1. Paso; Tx. When? 5-1-57	is to be sent) 79978
Name of Authorized Transporter of Name of Authorized Transporter of El-Page Naturel Ce If well produces oil or liquids, pive location of tanks. VL OPERATOR CERTI I hereby certify that the rules and Division have been complied with	Casinghead Gas Company Unit Unit FICATE OF regulations of the	Sec. F COMP	or Dry Gas	XXI Rge.	Address (Give address to which a P.O. BOX 1492 E. Is gas actually connected?	pproved copy of this form 1 Paso, Tx. When? 5-1-37	is to be sent) 79978 IVISION
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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.

Telephone No.

- 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.