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
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: MERIDIAN OIL INC.

Well API No.: 10356 CC

Address: P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

[X] Other (Please explain)
To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon & Gasoline Company.

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Fremont Y-SR-SW

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Crosby Ruby	1	Eumont TS 7RVRS QN		LC-034548

Location
Unit Letter C : 660 Feet From The north Line and 1650 Feet From The west Line
Section 18 Township 022S Range 037E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Sun Refining + Marketing Company	[X]	P.O. Box 3187 Longview, TX 75606
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gasoline Co.	[ ]	201 Main Street, Ft. Worth, TX 76102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	18	22S	37E	Yes	6-10-57

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)*

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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 knowledge and belief.

Connie L. Malik
Signature

Connie L. Malik, Regulatory Compliance Rep.
Printed Name / Title

1/22/92 915-688-6891
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 07 '92

By _____

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.
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.

Submit 5 Copies
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
MERIDIAN OIL INC.	

Address: 21 DESTA DRIVE, MIDLAND, TX 79705

Reason(s) for Filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Operator ☐
- Change in Transporter of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☒
- Other (Please explain): EFFECTIVE 7-1-89

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
RUBY CROSBY	1	EUMONT/YATES/7 RIVERS-QN	XXX	LC-034548

Location

Unit Letter C : 660 Feet From The N Line and 1650 Feet From The W Line

Section 18 Township 22-S Range 37-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil ☒ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
~~THE~~ PERMIAN ~~CORP~~	P.O. 3199 MIDLAND TX 79702
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 CO.	P.O. BOX 1492 EL PASO, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	18	22S	37E	yes	6-10-57

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 knowledge and belief.

Barbara Carter Noland
Signature

BARBARA CARTER NOLAND — PROD ASST
Printed Name — Title

7-14-89 — (915) 686-5600
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 19 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.
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.

Submit 5 Copies
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State of New Mexico
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Santa Fe, New Mexico 87504-2088

Form C-104
[illegible] of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
MERIDIAN OIL INC.	

Address: 21 Desta Drive Midland, Texas 79705

Reason(s) for Filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Operator ☒
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
- Other (Please explain): Effective 2-1-89

If change of operator give name and address of previous operator: Doyle Hartman P.O. Box 1861 Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ruby Crosby	1	Eumont/Yates/7 Rivers QN	[illegible], Federal [illegible]	LC-034548

Location: Unit Letter C : 660 Feet From The N Line and 1650 Feet From The W Line

Section 18 Township 22-S Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Sun Refining & Marketing Company	P.O. Box 3187 Longview, Texas 75606
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	18	22S	37E	yes	6-10-57

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 knowledge and belief.

Connie Monahan
Signature
Connie Monahan Operations Tech III
Printed Name Title
2-24-89 915/686-5681
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 8 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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