State of New Mexico Submit 5 Copies Form C-104 Appropriate District Office Energy, Minerals and Natural Resources Department 1 1-1-89 DISTRICT I P.O. Box 1980, Hobbe, NM 88240 of Page **OIL CONSERVATION DIVISION** DISTRICT II P.O. Box 2088 P.O. Drawer DD, Anenia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERIDIAN OIL INC. Address Midland, Texas 79705 <u>21 Desta Drive</u> Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 2-1 -89 Recompletion Oil Dry Gas ** Casinghead Gas Condensate Change in Operator If change of operator give name Doyle Hartman P.O. Box 1861 Midland, Texas 79702 and address of previous operator **II. DESCRIPTION OF WELL AND LEASE** Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. 5 Jalmat (Yates- 7 Rivers) State, Federal or Frexx B-1167 Shell State Location 1800 J Feet From The ______ Ε • Unit Letter Feet From The Line 23-S 36-E Lea Section 13 Township Range NMPM. 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) Name of Authorized Transporter of Casinghead Gas or Dry Gas 🕅 Address (Give address to which approved copy of this form is to be sent) Paso Natural Gas Company P.O. Box 1492 El Paso, Tx. 79978 If well produces oil or liquids, Unit Sec Twp. Rgs. is gas actually connected? When ? give location of tanks. ves **VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION** 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. MAR *** 6 1989 Date Approved 1 1 1110 By ____ ORIGINAL SIGNED BY JERRY SEXTON Signature Connie Monahan **Operations** Tech III DISTRICT | SUPERVISOR **Printed Name** Title Title_ 2 - 24 - 89915/686-5681 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 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.

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