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

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Rectand 1-1-89 Sunfactions of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

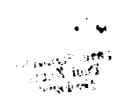
P.O. Drawer DD, Artena, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

·		• • • • • • • • • • • • • • • • • • • 	TOI OIL	THE HALLOUAL CAS		
Operator					Well API No.	
MERIDIAN OIL INC	Z•					
Address						
21 Desta Drive	Midlan	d. Texa	as 79705			
Reason(s) for Filing (Check proper	bax)			Other (Please explain)		
New Weli		Change in T	ransporter of:	75544-	re 2-1 -89	
Recompletion	Oil		Ory Gas	Ellectiv	e 2-1 -09	
Change in Operator	Casinghead	Gas 🗌 (Condensate			
If change of operator give name and address of previous operator	Dovle Har	tman	P.O. Box	1861 Midland,	Texas 79702	
•		····				
II. DESCRIPTION OF W						
Lease Name		Well No.	Pool Name, includi		Kind of Lease	Lease No.
Cooper "G"		1	Jalmat Ta	<u>nsill Yates - Seve</u>	XXXXX Foderal or Fee	
Location			Rivers			
Unit Letter K	:	1320	Feet From The	S Line and 1320	Feet From The	W Line
	· · · · · · · · · · · · · · · · · · ·				rear roll rise	
Section 11 Te	waship 24	-S 1	Range 36	-E . NMPM.	Lea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil						
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 Ga	as Company			P.O. Box 1492 F	l Paso, Tx.	79978
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.	Is gas actually connected?	When?	
give location of tanks.		1		yes	10-7	-49
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.				Date Approved	MAR 1 0 1	
come Ilbrichan				D.,	Orig. Signed b	▼
Signature Connie Monahan	Operations	Took	T T T	By		y
Printed Name	Operations		Title		Goologist	
2-24-89		915/686		Title		
Date	- ·		hone 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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