

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

DISTRICT II
P.O. Drawer DD, Artesa, 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 4-1-89
Continuation
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <u>Meridian Oil Inc.</u>		Well API No.
Address <u>21 Desta Drive Midland, Texas 79705</u>		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	Effective 2-1-89
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator <u>Dovle Hartman P.O. Box 10426 Midland, Texas 79702</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mvers "B"</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Jalmat T-Y-SR</u>	Kind of Lease <u>State, Federal or Free</u>	Lease No. <u>LC-054665 B</u>
Location				
Unit Letter <u>C</u>	<u>660</u>	Feet From The <u>N</u> Line and <u>1980</u>	Feet From The <u>W</u> Line	
Section <u>13</u>	Township <u>24-S</u>	Range <u>36-E</u>	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)
<u>Permian Corp.</u> SCURLOCK PERMIAN CORP EFF 9-1-91	<u>P.O. Box 1183 Houston, Tx. 77001</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>P.O. Box 1492 El Paso, Tx. 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. is gas actually connected? When?
	ves <u>12-19-80</u>

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 correct to the best of my knowledge and belief.

Signature Connie Monahan
Printed Name Connie Monahan Operations Tech III
Title
Date 3-15-89 Telephone No. 915/686-5681

OIL CONSERVATION DIVISION

MAR 17 1989

Date Approved _____

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.