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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

		10111		= ,	1 277 14 1 500 5 7		
Operator	TNO				Well API No.		
MERIDIAN OIL	. INC.				<u> </u>		
Address	UE MEDIA	ND TV	70705				
21 DESTA DRI	VE, MIDLA	ND, IX	79705			··	
Reason(s) for Filing (Check proper	box)			Other (Please explain)			
New Well			Transporter of:				
Recompletion	Oil	23	Dry Gas \Box	07-01-89	Effective		
Change in Operator	Casingh	ead Gas 🗌	Condensate 🔀				
change of operator give name and address of previous operator							
• •	TOTAL AND TH	PACIE					
L DESCRIPTION OF W	ELL AND LI	Well No.	Pool Name, Include	dina Ecomotica	Kind of Lease	Lease No.	
Lease Name COOPER "B"		2		T T-Y-SR	Siste Federal or Fee		
			UALMA	1 1-1-3K		NMJ-533	
Location							
Unit Letter	_ C :	660	Feet From The	Line and1980	Feet From The	W_Line	
			_	26 En era e	1.00		
Section 14T	ownship 2	4-S	Range	36 -, [NMPM,	<u>Lea</u>	County	
				m a.a			
II. DESIGNATION OF T							
Name of Authorized Transporter of PERMIAN CORP	OII Z	or Conde		Address (Give address to which		•	
				P.O. BOX 3119,	Midland, Tx 79	978	
Name of Authorized Transporter of	-		or Dry Gas 🔀	Address (Give address to which		•	
L PASO NATURAL GAS		-,			EL PASO TX	79978	
f well produces oil or liquids,	Unit	Sec.	Twp. Rge	is gas actually connected?	When?		
ive location of tanks.			<u> </u>	YES	<u> L</u>		
I. OPERATOR CERT	IFICATE O	F COM	PLIANCE	OIL CONC		((0)0)	
I hereby certify that the rules an	_			OIL CONS	ERVATION DIV	VISION	
Division have been complied wi			en above		JUL 1) 10ga	
is true and complete to the best	of my knowledge	and belief.		Date Approved		1009	
Parling	10/10		1/2.	Jane : Approved		······································	
Moreonea	all	e pa	elle se	OPI	GINAL CIRCUTA		
Signature				By ORIGINAL SIGNED BY JERRY SEXTON			
Barbara Carter	Noland	Proc	_Asst		DISTRICT I SUPERV	/ISOR	
Printed Name			Title	Title			
7-11-89	9	15-686- Tele	5600. ——				
Date		Tele	ednone No.	- 11			

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator					Well API No.		
Meridian Oil In	c						
ddress							
21 Desta Drive	Mi	dland,	Texas	797	705		
esson(s) for Filing (Check proper bo	z)				Other (Please expiain)		
ew Well		Change	in Transport	er of:			
ecomptation	Oii		Dry Gas		Effective 2-1-89		
hange in Operator	Casinghe	ad Gas 🗍	Condens				
change of operator give name d address of previous operator	Dovle Ha	rtman	P.(O_Box	10426 Midland, Texas 79702		
. DESCRIPTION OF WEI	L AND LE	ASE	-		77,01		
Cooper "B"		Well No	Pool Naz	ne, includi	ing Formation Kind of Lease	Lease No.	
Cooper B		2	Jalm	at T-Y	Y-SR	NMJ-533	
Unit Letter C	: <u> </u>	60	Feet From	m The	N Line and 1780 Feet From The	W Line	
Section 14 Tow	mahip 2	4-S	Range	3	36-E NMPM Lea	County	
I. DESIGNATION OF TR lens of Authorized Transporter of O		or Coad		_	Address (Give address to which approved copy of this form to	s to be sent)	
ems of Authorized Transporter of C	_		or Dry G		Address (Give address to which approved copy of this form i	to be sent)	
El Paso Natural		,			P.O. Box 1492 El Paso, Tx 79	978	
well produces ou or liquids, we location of tanks.	Unit 	Sec. 	Twp.	1	is gas actually connected? When ?		
L OPERATOR CERTIF	ICATE O	F COM	PLIAN	TE:	II YES		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION		
is true and complete to the best of my knowledge and belief.					Date Approved MAR 1 7 1989		
Signature		ana	1911	<u> </u>	By ORIGINAL SIGNED BY	JERRY SEXTON	
Connie Monahan	<u>Oper</u>	ations	Tech	III_	DISTRICT I SUF	ERVISOR	
Printed Name Title 3-15-89 915/686-5681					Title		
Date			Joots No.				

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