

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

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

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

**I.**

Operator <b>MERIDIAN OIL INC.</b>	Well API No.
Address <b>21 DESTA DRIVE, MIDLAND, TX 79705</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Effective 07-01-89

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>COOPER "B"</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>JALMAT T-Y-SR</b>	Kind of Lease State, Federal or Fee <b>XXXXXXXX</b>	Lease No.
Location Unit Letter <b>A</b> : <b>330</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>E</b> Line Section <b>14</b> Township <b>24-S</b> Range <b>36-E</b> , <b>NMPM</b> , <b>LEA</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>THE PERMIAN CORP</b>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3199 MIDLAND, TX 79702</b>				
Name of Authorized Transporter of Casinghead Gas <b>EL PASO NATURAL GAS</b>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1492 EL PASO, TX 79978</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<b>YES</b>	<b>10-27-78</b>

**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.

Signature *Barbara Carter Noland*  
Printed Name **BARBARA CARTER NOLAND** Title **PROD. ASST.**  
Date **7-12-89** Telephone No. **(915) 686-5600**

**OIL CONSERVATION DIVISION**

**JUL 19 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.

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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 2-1-89  
at Bottom of Page

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

**I.**

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Cooper "B"	Well No. 3	Pool Name, including Formation Jalmat T-Y-SR	Kind of Lease State, Federal or Fee XXXXXXXXXX	Lease No.
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line Section <u>14</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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Refining & Marketing Company	P.O. Box 3187 Longview, Tx. 75606
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 1492 El Paso, Tx. 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When?
	yes 10-27-78

**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  
Date 3-15-89 Telephone No. 915/686-5681

**OIL CONSERVATION DIVISION**  
**MAR 17 1989**

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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RECEIVED

MAR 16 1989

OCD  
MCEDL OFFICE