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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
Residual 4-1-29
Sundamentaria
at Autom-of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

,		TOTHA	INSPO	HIOIL	AND NATURAL GAS		
perator						Well API No.	
Meridian Oil Inc	•						
ddress							
21 Desta Drive	Mi	dland,	Texas	797	<u>'05</u>		
eson(s) for Filing (Check proper box)					Other (Please explain)		
rw Well		Change in	Тиворог	uer of:	Effecti	.ve 2-1 -89	
completion	Oil		Dry Gas				
nange in Operator XX	Casinghe	ad Gas	Condens	ate 🗌			
hange of operator give name  address of previous operator	oyle Ha	rtman	Ρ.	O. Box	1861 Midland,	Texas 79702	
•	<del></del>			<del>"</del>	<u> </u>		
DESCRIPTION OF WELL	AND LE		,		·		
ass Name		Well No. Pool Name, including			ng Formation 7 Rivers	Kind of Lease	Lease No.
Cooper		5	] Ja	lmat T	ansill Yates Gas	State X Fooder at Yay Fee	
cation							
Unit LetterH	:	1980	_ Feet Fro	m The	N Line and 660	Feet From The	E Line
Section 14 Towns	nip 24	4-S	Range	36-	$\mathbf{E}_{-}$ , NMPM,	Lea	County
I. DESIGNATION OF TRA ams of Authorized Transporter of Oil		or Conde			Address (Give address to which a	LILY ABANDONED  approved copy of this form is	s to be sent)
ams of Authorized Transporter of Casi	nghead Gas		or Dry C	ias 🔲	Address (Give address to which a	approved copy of this form i	to be sent)
well produces oil or liquids, e location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?	<del></del>
. OPERATOR CERTIFIC	CATE O	F COM	PLIAN	CE	11		
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.					OIL CONSERVATION DIVISION MAR 1 0 1989		
					Date Approved		
(prus		fore	re la	en		Orig. Signed by	
Signature  Connie Monahan Operations Tech III					Paul Kauts		
Printed Name	uper	arions	Title		Tale	Geologist	
2-24-89	91	5/686 <b>-</b> .	5681		Title	<del></del>	
Date		Tal	enhane Na		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.

Alm Alm

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