

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL & GAS COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other **DISPOSAL WELL**

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810 Midland, TX 79710

915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE/NW OF SEC. 22, T24S, R36E

660' FNL & 1980' FWL

Unit C

5. Lease Designation and Serial No.
LC 054665 (C)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. **MYERS 'C'**

2 SWD

9. API Well No.

30-025-08597

10. Field and Pool, or Exploratory Area

JALMAT TANSILL YTS 7RVR

11. County or Parish, State

LEA COUNTY, NM,

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input checked="" type="checkbox"/> Other CHANGE OF OPERATOR ON | <input type="checkbox"/> Dispose Water |
| EMERGENCY PIT | |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
EFFECTIVE 2/1/89 - REQUEST CHANGE OF OPERATOR ON EMERGENCY PIT LOCATED NE/NW OF SEC. 22, T24S, R36E. APPROVAL WAS OBTAINED IN JUNE 1982 BY SUN EXPLORATION AND PRODUCTION COMPANY. MERIDIAN OIL INC. PURCHASED THE LEASE/EMERGENCY PIT FROM DOYLE HARTMAN ON 2/1/89.

THE PIT SIZE IS 30' X 50' X 5'.

IT IS INTENDED FOR TEMPORARY STORAGE OF PRODUCED WATER IF AND/OR WHEN OUR DISPOSAL PMP BECOMES INOPERABLE.

14. I hereby certify that the foregoing is true and correct

Signed *Donna Williams* **DONNA WILLIAMS**

Title **PRODUCTION ASSISTANT**

Date **1/17/94**

(This space for Federal or State office use)

Approved by Orig. Signed by Shannon J. Shaw

Title **PETROLEUM ENGINEER**

Date **2/11/94**

Conditions of approval, if any:

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

DISTRICT II
P.O. Drawer DD, Artesia, 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 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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: <input type="checkbox"/> 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 Doyle Hartman P.O. Box 1861 Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers "C" SWD	Well No. 2	Pool Name, including Formation Jalmat Yates 7 Rivers	Kind of Lease State, Federal or Mex	Lease No.
Location Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line Section 22 Township 24-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Salt Water Disposal

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?

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
Connie Monahan Operations Tech III
Printed Name
2-24-89 915/686-5681
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 6 1989

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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