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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 4-4-89  
See instructions  
at bottom of Page

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, Texas 79705</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Effective 2-1 -89 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 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 <b>Doyle Hartman P.O. Box 1861 Midland, Texas 79702</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>S.R. Cooper</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Jalmat 7 Rivers</b>	Kind of Lease <b>See Form C-104 for Fee</b>	Lease No.
Location Unit Letter <b>I</b> : <b>1650</b> Feet From The <b>S</b> Line and <b>330</b> Feet From The <b>E</b> Line Section <b>23</b> Township <b>24-S</b> Range <b>36-E</b> , <b>NMPM</b> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910 Midland, Texas 79702</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	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 <b>J</b>	Sec. <b>23</b>	Twp. <b>24S</b>	Rge. <b>36E</b>	Is gas actually connected? <b>yes</b>	When ? <b>4-4-51</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  
**Connie Monahan** Operations Tech III  
Printed Name  
Date **2-24-89** Title  
Telephone No. **915/686-5681**

OIL CONSERVATION DIVISION

**MAR 10 1989**

Date Approved

By **Paul Kanta** Orig. Signed by  
Geologist

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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