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

I.

DISTRICT II P.O. Drawer DD, Antenia, NM 88210 State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Review 1-1-89 Surdistinguisms at Battern of Party

## **OIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

## TO TRANSPORT OIL AND NATURAL GAS

Operator				Well API No.	
Meridian Oil Inc.					
Address				<u></u>	
21 Desta Drive	Midland,	Texas 797	05		
Reason(s) for Filing (Check proper box)			Other (Please explain)		
New Well	Change is	a Transporter of:	Effecti	ive 2-1 -89	
Recompletion (	ж 🗌	Dry Gas	Briceel		
Change in Operator	Casinghead Gas [	Condensate			
If change of operator give name Doy1	e Hartman	P.O. Box	: 1861 Midland,	Texas 79702	
IL DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No	Pool Name, Includi		Kind of Lease	
Farnsworth 4	11			State, Federal you Fee	<b>Lease No.</b> LC-054668
		Langile	Mattix Queen GB		10-034000
	. 480	N	Line and 990		W
Unit Letter :	400	_ Feet From The	Line and990	Feet From The	Line
Section 4 Township	26 <b>-</b> 5	Range 37-	E . NMPM.	Lea	-
	20 5		L, INMPM,		County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TEMPORARILY ABANDONED					
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
-					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Unit Sec.	Twp. Rge.	is gas actually connected?	When ?	
give location of tanks.	İ	1 1	• • • • • • • • • • • • • • • • • • • •		
VI. OPERATOR CERTIFICA	TE OF COM	PLIANCE			
I hereby certify that the rules and regulation	rvation	OIL CONSERVATION DIVISION			
Division have been complied with and the	t the information gi	ven above			
is true and complete to the best of my knowledge and belief,			Date Approved	MAR MAR	Q 1000
	1/1.				0 1005
Conne Il Analan			ORIGINAL SIGNED BY JERRY SEXTON		
Signature		By	DISTRICT L	UPERVISOR	
Connie Monahan Printed Name	<u>Operations</u>				
2-24-89	915/686-	Title 5681	Title		•
Date 2-24-09	ephone No.				
			<u> </u>		

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.

2013年1月1日日日 1月1日日日 1月1日日

RECEIVES

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