State of New Mexico Submit 5 Copies Form C-104 Appropriate District Office Energy, Minerals and Natural Resources Department 4 1-1-8 Dis TRICT P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** DISTRICT II P.O. Box 2088 P.O. Drawer DD, Artenia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Meridian Oil Inc. Address 21 Desta Drive Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 2-1 -89 Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name Doyle Hartman P.O. Box 1861 Midland, and address of previous operator Texas 79702 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, including Formation $\leq R$ Kind of Lease Lease No. Farnsworth 4 Langlie Mattix Queen-GB 13 MAK Federal of KeeX -054668 Location 0 990 S 1650 Ε Unit Letter Feet From The Line and Feet From The í ine 26**-**S Section 4 Township 37-E Range Lea NMPM 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) ⁻NM Name of Authorized Transporter of Casinghead Gas N or Dry Gas Address (Give address to which approved copy of this form is to be sent) EPG If well produces oil or liquids, Unit Sec. Twp. Rgs. | Is gas actually connected? When? give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation **OIL CONSERVATION DIVISION** Division have been complied with and that the information given above 8 1989 is true and complete to the best of my knowledge and belief. MAR Date Approved 111 ORIGINAL SIGNED BY JERRY SEXTON By_ Signature DISTRICT | SUPERVISOR Connie Monahan Operations Tech TTT **Printed Name** Title Title -24-89 915/686-5681 Date Telephone No.

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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