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

DISTRICT III

2-24-89

Date

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Resident 1-1-89

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWA	ABLE AND AUTHORIZATION
TO TRANSPORT C	DIL AND NATURAL GAS
Operator MERIDIAN OIL INC.	Well API No.
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 U Oil Dry Gas	BITCCCIVE 2-1 -09
Change in Operator XX Casinghead Gas Condensate	
If change of operator give name and address of previous operator Doyle Hartman P.O. Box	1861 Midland, Texas 79702
IL DESCRIPTION OF WELL AND LEASE	
Lasse Name Farnsworth 4 Well No. Pool Name, Include 8 Langlie	CO O CO
Location	Mattix -5K-WN-G/5 AMA Pederal RANK LC-054668
Unit Letter J : 2310 Feet From The _	S Line and 1980 Feet From The E Line
Section 4 Township 26-S Range 37-	E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT	
Name of Authorized Transporter of Oil XX or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas	P.O. Box 2528 Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492 El Paso, Tx. 79978
If well produces oil or liquids, Unit Sec. Twp. Rg	L. Is gas actually connected? When ?
VL OPERATOR CERTIFICATE OF COMPLIANCE	yes 10-10-59
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 is true and complete/to the best of my knowledge and belief.	- 4000
Chamio Monahan	Date Approved MAR' 8 1989
Signature	By ORIGINAL SIGNED BY JERRY SEXTON
Connie Monahan Operations Tech III	DISTRICT I SUPERVISOR
Printed Name 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-686-5681

- 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.