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

DISTRICT II

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 Seedamentalisms at Bettern of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

	, ,	O INAN	SPURI UIL	- AND NATURAL GAS		
perator		<del>"</del>			Well API No.	···
Meridian Oil I	nc.					
iress			-		<b></b>	
21 Desta Drive	Midl	and, T	exas 79	705		
son(s) for Filing (Check proper to	iax)			Other (Please explain)		
w Weil	C	Change in Tr	napsporter of:	Effecti	ve 2-1 -89	
completion	Oil	ם 🖳	ry Gas 🖳	212001	• • • • • • • • • • • • • • • • • • • •	
ange in Operator	Casinghead	Gas 🔲 C	Condensate			
sange of operator give name address of previous operator	Doyle Hart	man	P.O. Bo:	x 1861 Midland,	Texas 79702	
•				indiand,	77702	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WE	LL AND LEAS		· · · · · · · · · · · · · · · · · · ·			
<b>Farnswor</b> t		i	ool Name, includ		Kind of Lease	Lease No.
Falliswor	-11 4	9	Langlie N	lattix-SR-QN-GB	State Federal XX Fed	LC-054668
ration	((0			2210		
Unit Letter	: <u>660</u>	F	eet From The	N	Feet From The	W Lin
,	0		,			
Section 4 To	wnship 2	6-S R	ange	37-E , <b>NMPM</b> ,	Lea	County
DESIGNATION OF TI		or Condense		Address (Give address to which a	ILY ABANDONED approved copy of this form	t is to be sent)
ms of Authorized Transporter of	Casinghead Gas		r Dry Gas	Address (Give address to which a	approved copy of this form	is to be sent)
well produces oil or liquids, s location of tanks.	Unit S	Sec. T	wp. Rge.	Is gas actually connected?	When?	
OPERATOR CERTI	FICATE OF	COMPL	JANCE			· ·
I hereby certify that the rules and Division have been complied with					ERVATION D	- 4000
s true and complete to the best o					MAR	8 1989
La		1/200	2/2	Date Approved		
Signature Signature	<del>?                                    </del>	15VX	wille	# ByOR	IGINAL SIGNED BY	I Principal and
Connie Monaha	n Onerat	ions T	ech III		DISTRICT I SUPE	SENTON
Printed Name		1	itle	Title	SISTRICT I SUPE	KVISOR
2-24-89	915/	′686 <b>–</b> 56	81	II inte	<del></del>	····
Data		Talant	No.	11		

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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HOBPR OFFICE