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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
MERIDIAN OIL INC.

Address
1800 WILCO BUILDING; MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☒ Change in Ownership Operatorship

Change in Transporter of:
☐ Oil   ☐ Dry Gas
☐ Casinghead Gas   ☐ Condensate

Other (Please explain)
Meridian Oil Inc. is an agent for
Meridian Oil Production Inc.

If change of ~~ownership~~ operatorship give name
and address of previous owner   El Paso Exploration Company whose name was changed, as of 4-10-85,
to Meridian Oil Production Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name MOBERLY RHODES WATERFLOOD PROJECT	Well No. 4	Pool Name, Including Formation RHODES YATES–SEVEN RIVERS	Kind of Lease FEDERAL State, Federal or Fee	Lease No. 030181-C

Location

Unit Letter   J   1990   Feet From The   SOUTH   Line and   2084   Feet From The   EAST

Line of Section   21   Township   26-S   Range   37-E   , NMPM,   LEA   County
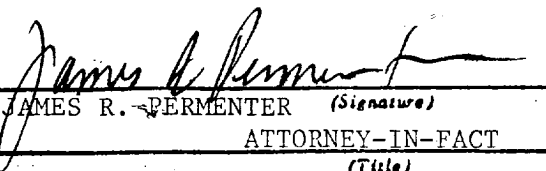
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
TEXAS-NEW MEXICO PIPELINE COMPANY	P. O. BOX 1510, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS	P. O. BOX 1492, EL PASO, TEXAS 79978

If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21	Twp. 26S	Rge. 37E	Is gas actually connected? YES	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

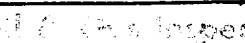NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

James R. Permenter (Signature)   TFH

JAMES R. PERMENTER   *(Signature)*

ATTORNEY-IN-FACT
(Title)

APRIL 10, 1985
(Date)

OIL CONSERVATION DIVISION
DEC 27 1985

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size