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State of New Mexico Energy, Minerais and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u>	exico 8/504-2088	
1000 Rio Brazos Rd., Azzec, NM 87410	BLE AND AUTHORIZATION	
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Operator TO THANGE ON THE THANGE ON TO THANGE ON THE THE THANGE ON THE THE THANGE ON THE THANGE ON THE THE THANGE ON THE THE THE THANGE ON THE THE THE THANGE ON THE		- D111
MERIDIAN OIL INC.	Well	API No.
Address		
21 Desta Drive Midland, Texas 79705		
Resson(s) for Filing (Check proper box)	Other (Please explain)	-
New Well Change in Transporter of:		
Recompletion Oil Dry Gas	Effective 2-	1 -89
Change in Operator XX Casinghead Gas Condensate		
If change of operator give name and address of previous operator Doyle Hartman P.O. Bo	r 1961 W441 and Tax	70700
and a previous operator	k 1861 Midland, Tex	as 79702
IL DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Includ	ng Formation Kind	of Lease Lease No.
Cooper State 1 Jalmat		XF-MAXXXXX B-1484
Location		
Unit Letter N : 660 Feet From The	S 1980	W
Unit Letter : 000 Feet From The	Line and F	eet From TheLine
Section 2 Township 24-S Range 36-1	Line and F	eet From TheLine
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Section 2 Township 24-S Range 36-I	Line andF , NMPM, L RAL GAS	ea County
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Section 2 Township 24-S Range 36-III. DESIGNATION OF TRANSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which approve	ea County d copy of this form is to be sent)
Section 2 Township 24-S Range 36-I III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas	RAL GAS Address (Give address to which approved Address (Give address to which approved Address to which approved Address (Give addre	ea County d copy of this form is to be sent)
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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

Telephone No.

- 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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2-24-89

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