Submit 5 Copies
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 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRA	ANSPO	RT OIL	. AND NATURAL	LGAS		
Operator MERIDIAN OIL INC.							Well API No.	
Address 21 DESTA DRIVE	MIDLAN	ND, TX		79790	5			
Reason(s) for Filing (Check proper box)					Other (Please	explain)		
New Well			Transpor	_				
Recompletion	Oil	ХX	Dry Gas		7-1-	89 E	ffective	
Change in Operator	Casinghe	ad Gas	Condens	ate 🗌				
f change of operator give name and address of previous operator								
L DESCRIPTION OF WELL	AND LE		D! No.	Inched			T	
Lease Name J.W. COOPER		Well No.	1	at tan	ng Formation SILL YATES 7	RIVERS	Kind of Lease	Lease No.
Unit Letter	1	.650	_ Feet Fro	an The	Line and	2310	Feet From The	E Line
Section 14 Township	24-	·s	Range	36-E	, NMPM,		LEA	County
II. DESIGNATION OF TRAN	SPORTI	ER OF O	IL ANI	NATUI	RAL GAS SC	URLOCK	PERMIAN CORP EFF 9	-1-91
Name of Authorized Transporter of Oil	XXX	or Conde		_	Address (Give address	to which a	pproved copy of this form	is to be sent)
THE PERMIAN CORP.	لممار				P.O. BOX 3	119	MIDLAND, TX	79702
Name of Authorized Transporter of Casing	thead Gas		or Dry C	ias XX	Address (Give address	to which a	pproved copy of this form	s to be sent)
L PASO NATURAL GAS CO.					P.O. BOX 1	492	EL PASO, TX	79978
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connecte	ed?	When?	
ve location of tanks.			<u> </u>	<u> </u>	yea		1 - 6-79	
I. OPERATOR CERTIFIC. I hereby certify that the rules and regula	stions of the	Oil Conser	rvation	CE	OILC	ONSE	RVATION DI	VISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved JUL 1 9 1989			
Signature BARBARA CARTER NOL	AND	PRO	D. AS	ST	Ву	ORIGI	NAL SIGNED BY JER DISTRICT I SUPERV	
Printed Name 7-14-89		(916	Title () 686	- 5700	Title			
Date		Tele	cobone 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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Form C-104

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

()nemtor	LAND NATURAL GAS								
Operator	Well API No.								
MERIDIAN OIL INC.									
Address									
21 Desta Drive Midland, Texas 79705									
Resson(s) for Filing (Check proper box)	Other (Pleage explain)								
New Well Change in Transporter of:	Effective 2-1 -89								
Recompletion Uil Dry Gas U									
Change in Operator XX Casinghead Gas Condensate									
If change of operator give name and address of previous operator Doyle Hartman P.O. Bo	- 10(1 W11 1 T								
and address of previous operator Doyle Hartman P.O. Bo	x 1861 Midland, Texas 79702								
IL DESCRIPTION OF WELL AND LEASE									
Lease Name Well No. Pool Name, include	ing Formation Kind of Lease Lease No.								
J.W. Cooper 7 Jalmat-Tar	sill Yates 7 Rivers Company February Fee								
Location									
Unit Letter J : 1650 Feet From The _	S 2310 E								
rea rious ine	Line and Feet From The Line								
Section 14 Township 24-S Range 36	-E NMPM Lea								
	County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil AND or Condensate	Address (Give address to which approved copy of this form is to be sent)								
Com Defining CM 1	The second secon								
<u>Sun Refining & Marketing C</u> ompany									
Sun Refining & Marketing Company Name of Authorized Transporter of Casinghest Gas or Dry Gas XX	P.O. Box 3187 Longview, Texas 75606								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas Company	P.O. Box 3187 Longview, Texas 75606 Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Two	P.O. Box 3187 Longview, Texas 75606 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rgs.	P.O. Box 3187 Longview, Texas 75606 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978 Is gas acqually connected? When?								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rgs. pive location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIANCE	P.O. Box 3187 Longview, Texas 75606 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978 Is gas actually connected? yes 1-6-79								
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Name of Authorized Transporter of Casinghead Gas	P.O. Box 3187 Longview, Texas 75606 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978 Is gas actually connected? When? yes 1-6-79								
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Name of Authorized Transporter of Casinghead Gas	P.O. Box 3187 Longview, Texas 75606 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978 Is gas accusily connected? When? yes 1-6-79 OIL CONSERVATION DIVISION MAR 1 0 1989 Date Approved By Orig. Signed by Paul Kauts								
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