Submit 5 Copies Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Printed Name

Date

2-24-89

State of New Mexico Energy, Minerais and Natural Resources Department

DISTRICT I SUPERVISOR

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

- 1000 MO DIEME RU., AME., NWI 8/4/0	REQUEST	FOR ALLOWA	BLE AND AUTHORIZA	TION	
I.	TO TF	RANSPORT OF	LAND NATURAL GAS		
Operator			EMILE INTI ONAL GAS	Well API No.	
MERIDIAN OIL INC.				WEII API NO.	
Address				<u> </u>	
21 Desta Drive	Midland, To	70705			
Reason(s) for Filing (Check proper box)	TITOTAMO, T	exas 79705			
New Well	Chance	in Transporter of:	Other (Please explain)		
Recompletion	Oil [_	Effecti	ve 2-1 -89	
Change in Operator	•	Dry Gas			
If change of operator give name	Casinghead Gas	Condensate			
and address of previous operator Do	oyle Hartman	P.O. Box	x 1861 Midland	, Texas 79702	
•				, Texas /9/02	· · ·
IL DESCRIPTION OF WELL					
	Weil No		ng Formation	Kind of Lease	Town N
Maralo State	1	Jalmat (Y	ates 7 Rivers)	State, Trideral of Fee	Lease No. B-1167
Location	· · · · · · · · · · · · · · · · · · ·	7			B 1107
Unit Letter N	. 330	_ Feet From The	S 2210		
		rear From the	S Line and2310	Feet From The	WLine
Section 36 Townshi	ip 23-S	Range 36	F NR cm c	Lea	
-			, I dviFivi,	Lea	County
III. DESIGNATION OF TRAN	SPORTER OF	II. AND NATTE	DAT GAG		
Name of Authorized Transporter of Oil	or Cond	DECAMBINATO:			
-			Address (Give address to which	approved copy of this form	is to be sent)
Name of Authorized Transporter of Casin	cheed Gee				
		or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas C			P.O. Box 1492 H	11 m _	79978
Eive location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?	, , , , , ,
VI ODED A TOD CED TWO	<u> </u>		yes	11-9	- 79
VL OPERATOR CERTIFIC	ATE OF COM	PLIANCE		<u> </u>	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION		
is the and complete to the horse of	that the information give	ven above			VIOIOIV
is true and complete to the best of my i	Chowledge and belief.		D-1- 1	MAR	8 1989
			Date Approved	IAIWII	0 1000
Enne !	1/mai	luc	1		
Signature	/		ByORIGINAL SIGNED BY JERRY SEXTON		
Connie Monahan One	rations Took	TTT		TO STUDIED BY JERI	CT SEXTON

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

Title

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

Title

Telephone No.

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.

· A Comment of the Co

RECEIVED

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