Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	ANSPO	ORT OIL	AND NATURAL G	AS		
Operator MERIDIAN OIL	INC.					Well API No.		
Address 21 Desta Dri	ve	Midla	and, T	Cexas	79705			
Reason(s) for Filing (Check proper box) Other (Please explain)								
Vew Well Change in Transporter of: Effective 2-1 -89								
Recompletion	etion U Dry Gas U							
Change in Operator XX	Casingh	ead Gas 🗌	Condens	nate 🗌				
If change of operator give name and address of previous operator Doyle Hartman P.O. Box 1861 Midland, Texas 79702								
IL DESCRIPTION OF WELL AND LEASE								
Lease Name State UTP Well No. Pool Name, including the Property of the Propert				ng Formation ates)-5 R	Kind of Lease State, XMMONION Res	Lease No. B-7606		
Unit LetterG Section 28	Township	2310 26-S	Feet Fro	37-1	N Line and	Peet From The	E Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)								
Texas-New Mexico Pipeline					P.O. Box 2528 Hobbs, N.M. 88240			
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural (,	·		P.O. Box 1492		79978	
If well produces oil or liquids, give location of tanks.	Unit 1 G	Sec. 28		Rge. 37E	Is gas actually connected? yes	When ? 11-6-	-80	
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief				OIL CONSERVATION DIVISION				
				Date Approve	d MAR	8 1989		
Signature // Anahan					By ORIGINAL SIGNED BY JERRY SEXTON			
Connie Monahan Operations Tech III Printed Name Title 2-24-89 915-686-5681					Title	DISTRICT I SUPER	VISOR	
Date			phone No	.				

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.