Submit 5 Cop Appropriate District O los DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerais and Natural Resources Department

■ C-104

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

2-24-89

Date

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERIDIAN OIL INC. Address 21 Desta Drive Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 2-1 -89 Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Doyle Hartman P.O. Box 1861 Midland, Texas 79702 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lesse No. W.H. King 3 Jalmat (Gas) -Location 1880 660 Feet From The Line and Feet From The Line Township 23-S 37-E . NMPM, Range Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensus 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 Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1492 El Paso, Tx. If well produces oil or liquids, Unit Twp. Rge. Is gas actually connected? When? give location of tanks. ves VI. OPERATOR CERTIFICATE OF COMPLIANCE 6-18-81 I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. MAR 1 0 1989 Date Approved \_ Orig. Signed by Signature By\_ Connie Monahan Operations Tech III Printed Name Geologist

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.

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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MAR 1 1999 OCD HOBBS OFFICE