DISTRICT I P.O. Box 1980, Hobbe, NM 88240 DISTRICT II	0	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION				Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210	)	P.C	). Box 2088		N	•
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	410	Santa Fe, New	Mexico 87504-2	2088		
I.	REQUE	ST FOR ALLOV	VABLE AND AU	THORIZ	ATION	
Operator	10	TRANSPORT	OIL AND NATU	RAL GA	5	
Address	MERIDI	AN OIL INC	•		Well API No. 30-025-113	30.2
	P. 0	BOX 5181	O, MIDLAND,	<u>т</u> х	797101810	<u>302</u> <i>D</i>
Reason(s) for Filing (Check proper bo	22.)			lease explain		
New Well	Chu Oil	inge in Transporter of:			7	
Change in Operator X	-	Dry Gas				
If change of operator give name	NION TEXAS	PETROLEUM, P	.0. BOX 2120,	HOUSTO	N, TX 77252	
II. DESCRIPTION OF WEL	L AND LEASE			100010	A, IA //252	
Lease Name Langlie Jal Unit	Wei	I No. Pool Name, inc	luting Formation	<u> </u>	Kind of Leine	Lease No.
	2	28 Langlie	Mattix (SRQ)		Sime Fooral or F	* 8910115870
Unit Letter0		Fost From The	E Line and	440	( ( -	
Section 31 Town	antip 24S	-			Feet From The	Line
			7E , NMPM,		Lea	County
III. DESIGNATION OF TRA Name of Authonized Transporter of Oil		FOIL AND NAT	URAL GAS			
Shell Pipeline Compa	anv		Address (Give add	ess to which	approved copy of this	form is to be sent)
Name of Authorized Transporter of Cas	inghead Gas	or Dry Gas	Address (Give add	248, HO	approved copy of this	7252
Sid Richardson Carbo	<u>On &amp; Gas Co.</u> Unuit Sec.		201 Main St	reet,	Ft. Worth, Ty	X 76102
ive location of tanks. This production is commingled with the V. COMPLETION DATA		1 1	s. Is gas actually cons	ected?	When ?	
Designate Type of Completion	Oil	Well Gas Well				
Date Spudded	Date Compl. Rea		New Well   Wor Total Depth	kover	Plug Back P.B.T.D.	Same Res'v Diff Res'v
Date Spudded		dy to Prod.	<u> </u>	kover	P.B.T.D.	L
Date Spudded Elevanons (DF, RKB, RT, GR, etc.)	Date Compl. Rea	dy to Prod.	Total Depth	kover	P.B.T.D.	ll
Date Spudded Levabons (DF, RKB, RT, GR, etc.)	Date Compl. Rea	dy to Prod.	Total Depth Top Oil/Gas Pay	i_	P.B.T.D.	ll
Date Spudded Elevations (DF, RKB, RT, GR, etc.) erforations	Date Compl. Rea Name of Producin TUBIN	dy to Prod.	Total Depth	i_	P.B.T.D.	ll
Date Spudded Llevations (DF, RKB, RT, GR, etc.)	Date Compl. Rea Name of Producin TUBIN	dy to Prod.	Total Depth Top Oil/Gas Pay	i_	P.B.T.D. Tubing Dept Depth Casing	ll
Date Spudded Elevations (DF, RKB, RT, GR, etc.) erforations	Date Compl. Rea Name of Producin TUBIN	dy to Prod.	Total Depth Top Oil/Gas Pay	ECORD	P.B.T.D. Tubing Dept Depth Casing	h g Shoe
Date Spudded Elevanons (DF, RKB, RT, GR, etc.) erforations HOLE SIZE	Date Compl. Real Name of Producin TUBIN CASING 8	dy to Prod. IG, CASING ANI I TUBING SIZE	Total Depth Top Oil/Gas Pay	ECORD	P.B.T.D. Tubing Dept Depth Casing	g Shoe
Date Spudded Elevanous (DF, RKB, RT, GR, etc.) erforations HOLE SIZE TEST DATA AND REQUES	Date Compl. Rea Name of Produciz TUBIN CASING &	dy to Prod. IG, CASING ANT A TUBING SIZE	Total Depth Top Oil/Gas Pay O CEMENTING RI DEPT	ECORD H SET	P.B.T.D. Tubing Dept Depth Casing	L L
Date Spudded Elevanous (DF, RKB, RT, GR, etc.) erforations HOLE SIZE TEST DATA AND REQUES	Date Compl. Rea Name of Producin TUBIN CASING & ST FOR ALLO recovery of total volu	dy to Prod. IG, CASING ANT A TUBING SIZE	Total Depth Top Oil/Gas Pay D CEMENTING RI DEPT	ECORD H SET	P.B.T.D. Tubing Dept Depth Casing S e for this depth or be for	L L
Date Spudded Elevations (DF, RKB, RT, GR, etc.) erforations HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after r the Firm New Oil Run To Tank	Date Compl. Rea Name of Produciz TUBIN CASING &	dy to Prod. IG, CASING ANT A TUBING SIZE	Total Depth Top Oil/Gas Pay O CEMENTING RI DEPT	ECORD H SET	P.B.T.D. Tubing Dept Depth Casing S e for this depth or be for	L L
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- 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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in mult v completed wells.