Submit 5 Copies	~`		State of	New Mexic	_			
Appropriate District Office		Energy, M	inerais and N			mant		Form C-104
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	1				nces Depart			Revised 1-1-89 See Instructions
DISTRICT I		OILCO	ONSERV	ATION	DIVISI	ON		at Bottom of Page
P.O. Drawer DD, Antesis, NM 8821	10	5		Box 2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410	San	ta Fe, New I	Mexico 87	504-2088			
I.	REQ	UEST FO	R ALLOW		AUTHOR			
I. Operator		TOTRAN	SPORT C	IL AND N	ATURALO	GAS		
	MERIDIAN	OIL IN	NC.				API No. -025-11315	<u> </u>
Address	PO	POV EL						<u> </u>
Reason(s) for Filing (Check proper (<u> </u>		310, MII			101810		
New Well		Change in T	masporter of:	0	her (Please exp	stain)		
Recompletion	Oil		hry Gas					
Change in Operator X If change of operator give name	Casinghe	nd Gas 🗌 C	Condensate					
and address of previous operator	UNION TEXA	AS PETRO	LEUM, P.C	D. BOX 2	20, HOUS	STON, TX	77252	
I. DESCRIPTION OF WE	ELL AND LE	ASE						
Lease Name		Well No. P	ool Name, Inciu	ding Formation		Kind	O Lette	Lease No.
Langlie Jal Unit		21	Langlie N	lattix (S	RQ)		For For	8910115870
Unit Letter J	. 19	80 _		C	100		1-0	
		F	eet From The	<u></u>	se and <u>198</u>	<u> </u>	eet From The	Ľ.
Section 32 Tow	vaship 24	S R	ange 37	Έ.,Ν	MPM,	Lea		County
I. DESIGNATION OF TR	ANSPORTE				-1.	. 1.		
series of Autopatien Listerborner of C		or Condensat		Address (Gi	- L-M(C	VC+C	copy of this form	
Shell Pipeline Com	pany			P.O. Bo	x 2648,	Houston	<u>, TX 7725</u>	2
Name of Authorized Transporter of C Sid-Richardson Carl	asinghead Gas		Dry Gas	Address (Gi	ne address to w	hick approved	copy of this form	is to be senti
f well produces oil or liquide.		Co. Sec. Tr					orth, TX	76102
ve location of tanks	_ _	1	יµ- (∧ga 	is gas actual	y connected?	When	17	
this production is commingled with	that from any oth	er lease or poo	t, give comming	ling order num	ber:			·
V. COMPLETION DATA								
D · - · -		Oil Well						
Designate Type of Completi	ion - (X)	1 Out wett	Gas Well	New Well	Workover	Deepea	Plug Back Sa	ne Res'v Diff Res'v
Designate Type of Completi Date Spudded		1	i	i	Workover	Dospea		ne Res'v Diff Res'v
Date Spudded	Date Comp	L Ready to Pro	xt.	New Well Total Depth	Workover	Deepeg	Plug Back San	ne Res'v Diff Res'v
Date Spudded	Date Comp	1	xt.	i	I	Deepea		ne Res'v Diff Res'v
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- 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. 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.
- 4) Separate Form C-104 must be filed for each pool in mult v completed wells.