State of New Mexico Submit 5 Copies Form C-104 Appropriate District Office Energy, Minerals and Natural Resources Department DISTRICT P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** DISTRICT II P.O. Box 2088 P.O. Drawer DD, Artenia, NM 88210 Santa Fe. New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION T. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERIDIAN OIL INC. Address <u>21 Desta Drive</u> Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Π Effective 2-1 -89 Change in Transporter of: Dry Gas Recompletion Oil  $\overline{\mathbf{x}}$ 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 IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. E.J. Wells 13 Jalmat (Gas) J-Yates -5 R Shife Federal MARea LC-055546 Location 1980 T. S 660 W Unit Letter Feet From The Line and Feet From The Line 5 25-S 37-E Section Township Range Lea NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate 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. 79978 If well produces oil or liquids, Sec Twp. i Unit Rge. is gas actually connected? When? zive location of tanks. ves 3 - 9 - 60VL OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** 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. Date Approved ORIGINAL SIGNED BY JERRY SEXTON Signature By\_ <u>Connie Monahan</u> DISTRICT I SUPERVISOR Operations Tech III **Printed Name** Title Title. 2 - 24 - 89915/686-5681 Date Telephone 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.

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