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DISTRICT II

I.

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 4 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				Well API No.	
MERIDIAN OIL INC.				30-025	-11465
Address				10 - 20	
21 Desta Drive Midla	nd. Tex	as 79705			
Reason(s) for Filing (Check proper box)			Other (Please explain)		
New Well	Change in	Transporter of:	Effectiv	ve 2-1 -89	
Recompletion Oil		Dry Gas			
Change in Operator XX Casinghe	ad Gas 📋	Condensate			
If change of operator give name Doyle Ha	rtman	P.O. Box	: 1861 Midland	, Texas 79702	
IL DESCRIPTION OF WELL AND LE	LASE				
Lesss Name	Well No.	Pool Name, Includi	ng Formation	Kind of Lease	Lease No.
Wells Federal	4	Jalmat	es-SR	X Federal XX Fee	LC-055546
Location		A		·······	<u> </u>
Unit Letter F : 19	80	Feet From The	NLine and1980) Feet From The	W Line
Section 5 Township 2	5 - S	Range 3	7-Е . МРМ .	Lea	-
	<u> </u>				County
					County
III. DESIGNATION OF TRANSPORT	ER OF OI				County
III. DESIGNATION OF TRANSPORT	ER OF OI or Conden		RAL GAS	approved come of this form	
III. DESIGNATION OF TRANSPORT				approved copy of this form	
III. DESIGNATION OF TRANSPORT			RAL GAS Address (Give address to which		is to be sent)
Name of Authorized Transporter of Oil	or Conden		RAL GAS Address (Give address to which Address (Give address to which	approved copy of this form	is to be sent)
Name of Authorized Transporter of Oil	or Conden		RAL GAS Address (Give address to which Address (Give address to which P.O. Box 1492	approved copy of this form El Paso, Tx.	is to be sent)
Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company If well produces oil or Liquids, Unit give location of tanks.	or Conden	or Dry Gas 🕅	RAL GAS Address (Give address to which Address (Give address to which P.O. Box 1492 Is gas actually connected?	approved copy of this form El Paso, Tx. When?	is to be sent)
Name of Authorized Transporter of Oil	or Conden	or Dry Gas 🕅	RAL GAS Address (Give address to which Address (Give address to which P.O. Box 1492 Is gas actually connected? yes	approved copy of this form El Paso, Tx. When? 1956	is to be sent) is to be sent) 79978
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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.

- 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.

MAR C SAV

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