## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

**d** 1-1-89

## **OIL CONSERVATION DIVISION** DISTRICT II

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TF	RANSPO	DRT OIL	AND NATURAL	GAS	
Operator MERIDIAN OIL IN	C.					Well API No.	
Address 21 Desta Drive		Mid:	land,	 Texas	7 <b>97</b> 05		
Reason(s) for Filing (Check proper b	œx)				Other (Please	explain)	
New Well		Change	in Transpor	rter of:	_	ective 2-1 -89	
Recompletion	Oil		Dry Ga	. $\square$	T1 T C	CCIVE 2-1 -09	
Change in Operator	Casingh	ead Gas 🗓	Conden	<b>=1</b>			
If change of operator give name and address of previous operator	Doyle Ha	artman	P.0	. Box	861 Midland	, Texas 79702	
IL DESCRIPTION OF WE	LL AND L	EASE					
Lease Name Eaton "B" A	./c <b>-/</b>	Well No			ng Formation attix (Queen)	Kind of Lease	Lease No.
Location			·		<del></del>	<del></del>	
Unit LetterG	:	1980	Feet Fro	om The	N Line and	2310 Feet From The	E Line
Section 12 Tow	vaship	25 <b>-</b> S	Range	3	7-E , <b>NMPM</b> ,	Lea	County
III. DESIGNATION OF TR	LANSPORT	ER OF	OIL ANI	NATTI	PAI-CAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)							
Texas-New Mexico Pipeline					P.O. Box 2528 Hobbs, N.M. 88240		
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					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,	Unit	Sec.	Twp.	Rge.	Is gas actually connected		7,5576
give location of tanks.	G	12	25S	37E	yes	8-3-6	52
VL OPERATOR CERTI				CE			
I hereby certify that the rules and regulations of the Oil Conservation						DNSERVATION DI	VISION
Division have been complied with	and that the inf	ormation g	iven above				
is true and complete to the best of my knowledge and belief.				Date Appro	ved MAR	8 1989	
	20/		// .		Date Apple	ved	
Signature Signature					р.,	ORIGINAL SIGNED BY	IEDAY CEVEAL
Connie Monahan	Operatio	ne Too	h TTT		By	DISTRICT I SUP	JERKT DEXION
Printed Name	OPELACIO	itis Tec	Title			PISIKK I ) 30P	EN VIOUR
<u>2-24-89</u> 915-686-5681					Title		
Date			lephone 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.