Sultmit 5 Copie Appropriate District Office P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

RECLIEST FOR ALLOWARI F AND ALITHORIZATION

I.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TRA			AND NATURAL GAS		
Operator					THE TAKE OF THE CARE	Well API No.	
MERIDIAN OIL INC.	•						
Address					······································		
21 Desta Drive	Midla	nd. Te	xas	79705			
Reason(s) for Filing (Check proper be	2X)				Other (Please explain)	
New Well		Change is	a Transport	er of:	Effecti	ve 2-1 -89	
Recompletion	Oil		Dry Gas		HITECLI	VE 2-1 -09	
Change in Operator XX	Casinghe	ad Gas	Condens	ite 🗌			
If change of operator give name and address of previous operator	Doyle Ha	rtman	Р.	0. Box	: 1861 Midland	, Texas 79702	2
IL DESCRIPTION OF WE	LL AND LE						·
Lease Name		Well No.	Pool Nan	ne, includi	ng Formation	Kind of Lease	Lease No.
Carlson Feder	al	2	Lang.	<u>lie Ma</u>	ttix Grayburg Que	en State Federal of Fer	NM-0766
Location			Se	ven Ri	ver		
Unit Letter H	:19	980	_ Feet From	n The N	Line and 66	O Feet From The	E Line
Section 26 Tow	nahip 2	5S	Range	37	E , NMPM ,	Lea	County
III. DESIGNATION OF TR	ANCPODTE	TP OF C	ATT A NID	NIA TOTAL	DAT ⁻ GAG		
Name of Authorized Transporter of C		or Conde			Address (Give address to which	approved copy of this form	is to be seri)
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		•			El Paso, Tx.	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected? Ves	When?	-86
VI. OPERATOR CERTIF	TCATE OF	COM	PLIANO	F	11		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives show					OIL CONSERVATION DIVISION		
is true and complete to the best of my knowledge and belief.				Date ApprovedMAR 1 0 1989		1 0 1989	
Signature // Budhan					By Orig. Signed by Paul Kautz		
	peration:	s Tech	III			Geolog	lst.
Printed Name 2-24-89		915/6	Title 86-568	1	Title	G9 0108.	
Date			ephone 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.

RECEIVED

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MORBS OFFICE