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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
MERIDIAN OIL INC.	
Address 21 Desta Drive Midland, Texas 79705	

Reason(s) for Filing *(Check proper box)*

New Well ☐ Recompletion ☐ Change in Operator XX

Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*: Effective 2-1 -89

If change of operator give name and address of previous operator: Doyle Hartman P.O. Box 1861 Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Carlson-Harrison Fed Com	2	Jalmat (Gas) T Yates-SR A	State, Federal or Fee	LC-032579I

Location

Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line

Section 27 Township 25-S Range 37-E , NMPM, Lea 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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	9-4-56

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Connie Monahan
Signature

Connie Monahan Operations Tech III
Printed Name Title

2-24-89 915/686-5681
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 8 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

Energy/Minerals Department

P. O. Box 2088
Santa Fe, New Mexico 87501

Gas
Supplement
Number: ~~MW-SE-SY~~ 5050

Date 10/27/86

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection _____ Date of First Allowable or Allowable Change 10/27/86
Purchaser El Paso Natural Gas Pool Jalmat
Operator Doyle Hartman Lease Carlson-Harrison Federal Com
Well No. 1, 2, 3,4,5 Unit Letter L,D,E,L,C Sec. 22,27,27,22,27 Twp. 25-S Range 37-E
Dedicated Acreage 400 Revised Acreage 0 Difference -400
Acreage Factor 2.50 Revised Acreage Factor 0 Difference -2.50
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____
For revised acreage see supplements #5051 & 5052
OCD District No. 1

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

MONTH	% OF MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PROD.	REV. PROD.	REMARKS
April						
May						
June						
July						
August						
eptember						
October						
ovember						
ecember						
January						
ebruary						
March						
April						
May						
June						
July						
August						
eptember						
October						
ovember						
ecember						
January						
ebruary						
March						
TOTALS						
llowable Production Difference.....						
Schedule O/U Status.....						
evised O/U Status.....						

Effective In _____ Schedule _____
Current Classification _____ To _____

Note: All gas volumes are in MCF@15.025 psia.

R. L. STAMETS, Division Director

By _____