Submit 5 Copie Appropriate District Office

Date

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	S.	anta Fe, New M	fexico 87504-2088		
I.	REQUEST F	OR ALLOWA	BLE AND AUTHORIZA L AND NATURAL GAS	ATION	
Meridian Oil Inc.			- WE CAN CONTRACT CON	Well API No.	
Address 21 Desta Drive Resson(s) for Filing (Check proper box)	Midland,	Texas 79	705		
New Well Recompletion Change in Operator If change of operator give name	Change is Oil Casinghead Gas	Transporter of: Dry Gas Condensate	Other (Please explain) Effect	ive 2-1 - 89	
and address of previous operator Doy II. DESCRIPTION OF WELL	le Hartman	P.O. Bo	x 1861 Midland,	Texas 79702	
Lease Name Winningham Location	Well No.	Pool Name, Include Jalmat (Ga	ing Formation	Kind of Lease State, Pederal or Fee	Lease No.
Unit Letter H	: 1922	Feet From The	N Line and 488	Feet From The	E Line
III. DESIGNATION OF TRANS	25-S	Range 37-	- /	Lea	County
	or Conden	IE AND NATU	Address (Give address to which	RILY ABANDONED approved copy of this form) is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks. VI. OPERATOR CERTIFICA	Unit Sec.	Twp. Rge.	Is gas actually connected?	When ?	
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.			OIL CONSERVATION DIVISION		
Dervie May week (1)			Date Approved	MAR 1	0 1989
Signature Connie Monahan Printed Name	Operations	Tech III	By Orig. Signed by Paul Kanta Geologist		
2-24-89	915/686-56	Title	Title		5

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

Secretary of the secret

RECEIVED

MAR 1 1989 OCD HOBBS OFFICE