mit 5 Copies ropriate District Office TRICTI P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104

Well API No.

OIL CONSERVATION DIVISION P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Meridian Oil Inc. | | eli API No. |
|--|---------------------------------------|--------------------------------------|
| Address | | |
| 21 Desta Drive Midland, Texas | 9705 | |
| Reason(s) for riming (Check proper box) | Other (Please explain) | |
| Passendaries Change in Transporter of: | Effective | 2-1 -89 |
| Character Character To The Control of the Control o | | 2 1 09 |
| If change of operator give name | | |
| | ox 1861 Midland, Tex | xas 79 7 02 |
| II. DESCRIPTION OF WELL AND LEASE | 10 | 79702 |
| Lagon Mona | iding Formation K | |
| | | nd of Lease No. |
| Location | XX | tex Federal ox Fee |
| Unit Letter P : 660 Feet From The | \$ ((0 | |
| red from the | S Line and 660 | Feet From TheE |
| Section 30 Township 25-S Range | 37-E , NMPM . | |
| | | Lea County |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NAT | URAL GAS (TEMPORARILY | ARANDONED) |
| realise of Authorized Transporter of Oil or Condensate | Address (Give address to which appro | wed copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | |
| or Dry Gas | Address (Give address to which approx | red copy of this form is to be sent) |
| If well produces oil or liquids, Unit Sec. Two De | | |
| ive location of tanks. | L Is gas actually connected? Wh | en ? |
| L OPERATOR CERTIFICATE OF COMPLIANCE | | |
| I Delegay Celluly Intel the filles and remaintance of the Color | OIL CONSER | VATION DIVISION |
| | JIL CONSER | |
| is true and complete to the best of my knowledge and belief. | | MAR 1 0 1989 |
| - Chine Manuella | Date Approved | W/W 1 0 1000 |
| Signature / Signature | | |
| | By | Orig. Signed by |
| Printed Name | | Paul Kautz Geologist |
| 2-24-89 915/686-5681 | Title | Geologist |
| Date Telephone No. | | |
| Digwy | | |

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.
- 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.

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