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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

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

I.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND MATURAL CAS

MERIDIAN OIL	INC					Well API No.		
LILITEDIAN OIL	MERIDIAN OIL INC					Well API No.		
Address	INC.							
21 Desta Drive	Midle	ınd. Te		70705				
Reason(s) for Filing (Check pro		mu, re	xas	79705	Other (D)			
New Well	•	Change is	Тгалькро	ner of:	Other (Please explain)			
Recompletion	Oil		Dry Gar		Effecti	ve 2-1 -89	ļ	
Change in Operator 🔯	Casingh	ead Gas	Conden					
If change of operator give name	D 1				1041			
and address of previous operator	Doyle Ha	irtman	<u>P</u>	.0. Bo	1861 Midland	, Texas 79702		
IL DESCRIPTION OF	WELL AND LE	EASE			 			
Lease Name		Well No.	Pool No	me Include	ng Formation	77: 1 0		
Legal		1			es Seven Rivers	Kind of Lease State Residual or Fee	Lease No.	
Location			Julin		cs beven kivers	eee need in Les		
Unit Letter P		660			S 660			
Onk Detter	 :	-	_ Feet Fro	on The	S Line and 660	Feet From The	E Line	
Section 31	Township	25 - S	Range	2	7-E MADDA			
		23 5	Kange		/-E , NMPM,	Lea	County	
III. DESIGNATION OF	TRANSPORT	FD OF O	II ANI)	71			
Name of Authorized Transporter	r of Oil	or Conde	IL AN	NATU				
·	لــا				Address (Give daaress to which to	approved copy of this form is	to be sent)	
Name of Authorized Transporter	of Casinghead Gas		or Day (- (777)	Address (C)			
El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Sec.	Twp.	Par	P.O. Box 1492 E		9978	
give location of tanks.			l rek	Rge.	is gas actually connected?	When? discon	nected 4-30.	
VI. OPERATOR CER	TIFICATE O	FCOME	T TANK		yes	7-12	-71	
I hereby certify that the rules	and regulations of the	Oil Corres	TIMIN	CE	OII CONS	EDVATIONON	"0.0	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSI	ERVATION DIV		
is true and complete to the be	at of my knowledge a	ind beliëf.	en souve			MAR 1 3 19	RQ PA	
	. / 1		17		Date Approved	MINIT O IO	00	
(Bull)	·	11/20	11/12		1			
Signature ////www.					By	Orig. Signe	ad hu	
Connie Monahan	Operation	s Tech	TTT			Paul Ka	nie	
Printed Name		<u>u recii</u>	Title			Geologi	u va	
					Title	·	4 ▼	
2-24-89 Date		915/68	36-568	31	ING			
Name of Authorized Transporter El Paso Natural	of Casinghead Gas	or Conde	issie [NATU	Address (Give address to which a Address (Give address to which a	approved copy of this form is	to be sent)	

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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RECEIVED

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PORTS ARREST