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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Residual 4-1-89 See destinations at destinations of Page

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

[.		I NANGFURI UK	AND NATURAL GAS		
Operator				Well API No.	
Meridian Oil Inc	•				
Address					
21 Desta Drive	Midlar	nd, Texas 79	705		
Reason(s) for Filing (Check proper box	·)		Other (Please explain)		
New Well	Cha	nge in Transporter of:	Effect	ive 2-1 -89	
Recompletion	Oil	Dry Gas			
Change in Operator	Casinghead Ga	s 🗌 Condensate 🔲			
f change of operator give name	)ovle Hartma	an P.O. Bo:	x 1861 Midland.	Texas 79702	
nd address of previous operator		<u>in 1.0. b</u> 0.	x 1001 andtand,	10Ad5 / 9702	······································
L DESCRIPTION OF WEL	L AND LEASE				
Lease Name		li No.   Pool Name, includ		Kind of Lease	Lease No.
Gregory "C"	2	Langlie Ma	ttix 7 Rivers Quee	n Sink Federal of Fee	LC-032510
Location			Grayburg		
Unit LetterH	. 19	80 Feet From The	N Line and 660	) Feet From The	E Line
Section 35 Town	antip 25-5	Range 3	<u>7-e</u> , <b>NMPM</b> .	Lea	
<b>III. DESIGNATION OF TRA</b>	ANSPORTER C				County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	or C	DF OIL AND NATU	RAL GAS TEMPORA Address (Give address to which	RILY ABANDONED	n is io be seni)
	or C	FOIL AND NATU	RAL GAS TEMPORA	RILY ABANDONED	n is io be seni)
Name of Authorized Transporter of Oil	or C	OF OIL AND NATU	RAL GAS TEMPORA Address (Give address to which	RILY ABANDONED	n is io be seni)
Name of Authorized Transporter of Oil Name of Authorized Transporter of Ca If well produces ou or liquids, give location of tanks. VI. OPERATOR CERTIF	singhead Gas	DF OIL AND NATU Condensate  or Dry Gas  I Twp.   Rge.  DMPLIANCE	RAL GAS       TEMPORA         Address (Give address to which         Address (Give address to which         Is gas actually connected?	RILY ABANDONED a approved copy of this form approved copy of this form When ?	n is to be sent) n is to be sent)
Name of Authorized Transporter of Oil Name of Authorized Transporter of Ca If well produces out or liquids, give location of tanks. VI. OPERATOR CERTIF. I hereby certify that the rules and re	inghead Gas	DF OIL AND NATU Condensate  or Dry Gas  Twp.   Rge.  DMPLIANCE  Conservation	RAL GAS       TEMPORA         Address (Give address to which         Address (Give address to which         Is gas actually connected?	RILY ABANDONED a approved copy of this form approved copy of this form When ? SERVATION D	n is to be sent) n is to be sent) IVISION
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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.