Submit 5 Copies Appropriate District Office

DISTRICT

Signature

Date

Printed Name

2-24-89

P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104

- PARESIGNED BY JERRY SEXTON

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

BEQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator Meridian Oil Inc. Address Midland, Texas 21 Desta Drive Other (Please explain) Reason(s) for Filing (Check proper box) Effective 2-1 -89 Change in Transporter of: New Well _ Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name 79702 P.O. Box 1861 Midland, Texas Dovle Hartman and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, including Formation Langlie Mattix 7 Rivers Queen Star Federal Recy Lease Name LC-032510 Gregory "C" A/C-1 Location 1930 Feet From The _ Feet From The Lea 25-S 37-E **NMPM** County Township Range 35 Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TEMPORARILY ABANDONED Address (Give address to which approved copy of this form is to be sent) 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 When? Rge. | Is gas actually connected? Unit Sec. Twp. If well produces ou or liquids, give location of tanks. VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Operations

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

915/686-5681

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Tech III

Title

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.