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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 Reviewd 1-1-89 Conditions of Page

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

MERIDIAN OIL INC	C						Well API No.	
Address								
21 Desta Drive		Midl	and, 7	Texas	79705			
Reason(s) for Filing (Check proper be	ax)				Other (PI	ease explain)		
New Well		Change is	л Тпаляров	rter of:		Effective	2-1 -89	
Recompletion	Oil		Dry Gas					
Change in Operator XX	Casinghea	d Gas	Conden	sate				
f change of operator give name and address of previous operator	Doyle Har	tman	P.0	. Box 1	.861 Midl	and, Texa	rs 79702	
I. DESCRIPTION OF WE	LL AND LEA							
Eaton SW Well No. Pool Name, Include 8 Justica Bl					-		Kind of Lease	Lease No.
	<i>l</i>	٥	Just	is-Bli	nebry (Tubb	Drinkard	Sinc, Thirecourt Fee X	NMJ-540
ocation								· · · · · · · · · · · · · · · · · · ·
Unit Letter M	:990	0	_ Feet Fro	om The	S Line and	330.	Feet From The	W Line
							rearrow rise	Line
Section 12 Town	vaship 25-1	S	Range	37-	E , NMPM ,	•	Lea	County
II. DESIGNATION OF TR Name of Authorized Transporter of C Cexas-New Mexico Pip	Dil XX	or Conde					proved copy of this form lobbs, N.M. 8	
Name of Authorized Transporter of Casinghead Gas 💢 or Dry Gas					Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company					P.O. Box		Il Paso, Tx.	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually com		When?	7 3 3 7 0
ive location of tanks.	I_MI	12	258	37E	ves	i	8-2	21-67
L OPERATOR CERTIF	FICATE OF	COM	PLIAN	CE				VISION DHC
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION THE-			
Division have been complied with	and that the infor	mation giv	ven above					
is true and complete to the best of my knowledge and belief.				Date Ap	proved _	MAR	6 1989	
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTOM			
Connie Monahan	Operation	ıs Tecl	h IIT		-,		———MAURICT	UPERVISOR
Printed Name			Title	 -				
2-24-89 915-686-5681					Title			
Date		Tel	ephone No	D.				

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.