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., Aziec, NM 87410

I.

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Rendered 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well API No.	
MERIDIAN OIL INC.							
Address							
21 Desta Drive		Midl	and, I	lexas	79705		
Reason(s) for Filing (Check proper box)					Other (Please explained)	n)	
New Well		Change i	а Тпанрог	ter of:	Effecti	.ve 2-1 -89	
Recompletion	Oil	L	Dry Gas				
Change in Operator XX	Casinghe	ad Gas 🗌	Condens	ate			
f change of operator give name ad address of previous operatorD	oyle Ha	rtman	P.0.	Box		exas 79702	
I. DESCRIPTION OF WELL						<u>ends 19702</u>	
Lease Name	ANDLE		Dool Ne	ma (noludi	ng Formation		
		11			0	Kind of Lease State, Federal Nor Res X	Lease No. NMJ-540
Eaton SW			<u>j Jus</u>	LIS-DI	inebry		NMJ-540
	16	50			c 17	50	W
Unit LetterK	_:10	50	_ Feet Fro	m The	<u>SLine and</u> 17	50 Feet From The	WLine
Section 12 Townsh		25-S	D	2	7-E NMPM	Lea	
	ар	23-3	Range		<u>/-Е, NMPM,</u>		County
II. DESIGNATION OF TRAI	NSPORT						
Name of Authorized Transporter of Oil		or Conde			Address (Give address to which	A anormal come of this form	in the second
<u> Texas-New Mexico Pipe</u>			L		P.O. Box 2528		8240
Name of Authorized Transporter of Casis		<u>KX</u>]	or Dry G	ias 🗌	Address (Give address to which		
El Paso Natural Gas Co	ompany				P.O. Box 1492	_	
if well produces oil or liquids,	Unit	Sec.	Twp.	Ree	Is gas actually connected?	When ?	79978
ive location of tanks.	М	12	25S	37 E	yes		3-71
I. OPERATOR CERTIFIC	CATE OF	COM	PLIAN	CE	II		
I hereby certify that the rules and regu	intions of the	Oil Conse	rvation			SERVATION DI	VISION 274C-
Division have been complied with and	that the info	mation giv	ven above				
is true and complete to the best of my knowledge and belief,						MAR -	6 1989
1 1/2 ->	5 //	11.			Date Approved		<u> </u>
	<u> </u>	SPE	40	e-			INN FRITAL
Signature Connie Monahan Operations Tech III					By ORIGINAL SIGNED BY JERRY SEXTON		
Connie Monahan Or Printed Name	<u>peratio</u>	<u>ns Tec</u>				DISTRICT I SUPE	RVISOR
2-24-89	0	15-686	Title		Title		~4
 Date	9.		- <u>5681</u> sphone No.				
				•			

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.