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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

<u>I</u>		TOTA	ANSP	ORT OIL	L AND NAT	URAL GA	ZATION AS		
Operator MERIDIAN OIL INC						<u> </u>	Well API No.		
Address 21 Desta Drive		Midl	and,	Texas	79705				
Reason(s) for Filing (Check proper be	127)		 -			(Please expla			
New Well	•	Change	in Transpo	rter of:	Oulea		ive 2-1 -89		
Recompletion	Oil		Dry Ga			rrrect	ive 2-1 -89		
Change in Operator XX	Casinghe	ad Gas	Conden						
change of operator give name ad address of previous operator	Dovle Ha			. Box	1861 Mi	dland, 7	Texas 79702		
L DESCRIPTION OF WEI	LANDIE	ACE	_				17702		
Lasse Name Eaton NW	L AND LE		Pool Na	ime, includ	ing Formation		Kind of Lease	Lease No	<u> </u>
ocation NW		13)]]	istis-	Blinebry		Mark XI Mark Fee		
_	:	990	_ Feet Fro	om The	N Line	and165	Feet From The _	W	Line
Section 12 Town	mahip 2	5-S	Range	37-I	. , NM	PM,	Lea	Cou	mty
II. DESIGNATION OF TR	A NSPODTI	מא מה	ATT A BIT	N NI A GOVE	DAT GAG				
same of Authorized Transporter of Oi	1	or Conde	DELICA INI	NA IU		- 4.4	 		
Texas-New Mexico Pipeline					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs. N.M. 88240				
fame of Authorized Transporter of Ca	singhead Gas	XX	or Day (34.			Hobbs, N.M.	88240	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)				
well produces oil or liquids, we location of tanks.	Unit F	Sec.	Twp. 25S	Rge.	P.O. Box	connected?	El Paso, Tx.	<u>79978</u> 2-9-74	
L OPERATOR CERTIF			DI LANI	CE	11	yes		9-/4	
I hereby certify that the rules and re	guistions of the	Oil Cones	- merica	CE	0	IL CON	SERVATION [DIVISION	S NC.2
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 MAR 1 0 1989				
Buie	1/18	rali	[] [E]	,			A 1 3'		
Signature Connie Monahan	Operation	ıs Tecl	n III		Ву			eutz	
Printed Name Title 2-24-89 915-686-5681					Title				
Date		Tele	obose 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
- 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.