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

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 ined 1-1-89

n of Page

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at B

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	<sup>®</sup> REC	UESTI	FOR A		BLE AND AUTHORIZ	ATION	
Operator		1011	ANSP	OHI OI	AND NATURAL GA		
MERIDIAN OIL INC	•					Weil API No.	
Address							
21 Desta Drive		Mid]	Land,	Texas	79705		
Reason(s) for Filing (Check proper box	)			·	Other (Please explai		
New Well		Change	ia Transpo	orter of:		ve 2-1 -89	
Recompletion	Oil		Dry Ga	u 🗌			
Change in Operator KX	Casingh	ead Gas [	Conder	unate			
If change of operator give name and address of previous operator	Dovle Ha	irtman	P.0	. Box	1861 Midland, T	exas 79702	<u> </u>
IL DESCRIPTION OF WEL	L AND LI	EASE				<u>exas9702</u>	
Lease Name			Pool N	ame, include	ng Formation	1 11 - 1 - 61	,
Eaton NW		16			Blinebrv	Kind of Lease SSS F3SEDSS Fee	Lease No.
Location				00010		35503500014	
Unit LetterE	:1	980	_ Feet Fr	om The	N Line and990	Feet From The	W Line
Section 12 Town	hip 25-S	,	_	27	T		
Jocdon 12 Town	<u>nip 20-0</u>		Range	37	<u> </u>	Lea	County
II. DESIGNATION OF TRA	NCDODT						
Name of Authorized Transporter of Oil		or Conde	JIL AN	<u>D NATU</u>			
exas-New Mexico Pipeline				Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Car		1777	and Davi		<b>P.O.</b> Box 2528	Hobbs, N.M. 8	8240
Name of Authonzed 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)			
If well produces oil or liquids,	<u>ompany</u>	Sec			<b>P.O.</b> Box 1492	<u>El Paso, Tx.</u>	79978
ive location of tanks.	Г Б Г Б		Twp.		Is gas actually connected?	When ?	
L OPERATOR CERTIFI		12	255	<u>37</u> £	ves	4-23-	74
I hereby certify that the rules and reg			PLIAN	CE			
Division have been complied with an	d that the info					SERVATION DI	VISION
is true and complete to the best of m	knowledge	and belief.				MAR 1 0 19	989
Signature				Date Approved	MAN I V K		
				By Orig. Signed by Paul Kauta			
Connie Monahan Operations Tech III							
<u>Connie Monahan</u> O	<u>peratio</u>	ns Tecl	h III			Paul Kautz	
Printed Name			Title			Geologist	
Connie Monahan 0 Printed Name 2-24-89		<u>15-686</u>	Title		Title	Geologist	

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.