

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

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		MERIDIAN OIL INC.		Well API No.	
Address					
21 Desta Drive Midland, Texas 79705					
Reason(s) for Filing (Check proper box)					
New Well		<input type="checkbox"/>		<input type="checkbox"/> Other (Please explain)	
Recompletion		<input type="checkbox"/>		Effective 2-1 -89	
Change in Operator		<input checked="" type="checkbox"/>		Change in Transporter of:	
		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator					
Doyle Hartman P.O. Box 1861 Midland, Texas 79702					

Lease Name	Fluor Harrison	Well No.	1	Pool Name, including Formation	Jalmat T-Y-SR	Kind of Lease	State, Federal or Fee	Lease No.	
Location	Unit Letter <u>M</u> : <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>20</u> Township <u>24-S</u> Range <u>37-E</u> , NMPL Lea Country								

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P.O. Box 1492 El Paso, Tx. 79978	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?
						When ?
VL OPERATOR CERTIFICATE OF COMPLIANCE					yes	5-25-77

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.

Signature Christine Monahan

Signature Connie Monahan
 Printed Name Connie Monahan Operations Tech III

Printed Name _____ Title _____
2-24-89 915/686-5681
Date _____ Telephone No. _____

Date Approved MAR 8 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for penalty shall be filed

- 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.