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

DISTRICT II

I.

## 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

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					אווט ואוו טווא		111	
MERIDIAN OIL INC.							Well API No.	
Address								
1								
21 Desta Drive  Reason(s) for Filing (Check proper box)	Midla	<u>nd. Te</u>	xas	79705				
New Well					Other (Please	e explain)		
		Change is	a Transpor		E.f	fective	e 2-1 -89	
Recompletion	Oil	Ļ	Dry Gas		<b></b>		C 2-1 -09	
Change in Operator XX	Casinghe	ad Gas 🗌	Condens	nate 🗌				
If change of operator give name and address of previous operator Do	yle Ha	rtman	Р.	0. Box	k 1861 Mi	dland,	Texas 79702	
IL DESCRIPTION OF WELL	AND LE	ASE						
Lease Name		Well No.	Pool No.	na laskadi	ng Formation			
Adele Sowell		1					Kind of Lease	Lease No.
Location Ade Le Sowe I I		<u> </u>	Lar	wglie N	<u> (attix(7 Rive</u>	rs Que)	XXXXXXXXXXX Or Fee	
						E	B	
Unit Letter P	<u>  :        3                          </u>	30	_ Feet From	m The	S Line and	990	Feet From The	Ε
							rest riom ine	Line
		_	_					l l
Section 10 Townshi	P 24.	<u>-S</u>	Range		37-E , <b>NMPM</b> .		Lea	
	·						Lea	County
III. DESIGNATION OF TRAN	·	R OF O	IL AND				Lea	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	·		IL AND		RAL GAS	to which ap		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	IL AND		RAL GAS	to which ap	Lea	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Name of Authorized Transporter of Casing	SPORTE	R OF O	IL AND	NATU	RAL GAS Address (Give address		proved copy of this form	is to be sent)
Name of Authorized Transporter of Casing El Paso Natural Gas C	SPORTE	R OF O	IL AND	NATU	RAL GAS Address (Give address Address (Give address	10 which ap	proved copy of this form proved copy of this form	is to be sent)
Name of Authorized Transporter of Casing El Paso Natural Gas Co If well produces oil or liquids,	SPORTE	R OF O	or Dry G	NATU	Address (Give address P.O. Box 14	10 which ap	proved copy of this form proved copy of this form to Paso, Tx.	is to be sent)
Name of Authorized Transporter of Casing El Paso Natural Gas C. If well produces oil or liquids, pive location of tanks.	SPORTE  phead Gas  ompany  Unit	CR OF O	or Dry G	NATU	RAL GAS Address (Give address P.O. Box 14 Is gas actually connected	10 which ap	proved copy of this form proved copy of this form Paso, Tx. When?	is to be sent) is to be sent) 79978
Name of Authorized Transporter of Casing El Paso Natural Gas C. If well produces oil or liquids, pive location of tanks.	SPORTE  phead Gas  ompany  Unit	CR OF O	or Dry G	NATU	Address (Give address P.O. Box 14	10 which ap	proved copy of this form proved copy of this form to Paso, Tx.	is to be sent) is to be sent) 79978
Name of Authorized Transporter of Casing El Paso Natural Gas C If well produces oil or liquids, pive location of tanks.  VI. OPERATOR CERTIFIC I hereby certify that the rules and regular	SPORTE  phead Gas  ompany  Unit  ATE OF	Sec.	or Dry G	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes	to which ap 92 E1 ed?	proved copy of this form of the Paso, Tx.  When ?	is to be sent) 15 to be sent) 179978
Name of Authorized Transporter of Casing El Paso Natural Gas C If well produces oil or liquids, pive location of tanks.  VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and	SPORTE  phead Gas  ompany  Unit  ATE OF  tions of the last the information	Sec.	or Dry G	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes	to which ap 92 E1 ed?	proved copy of this form proved copy of this form Paso, Tx. When?	is to be sent) 15 to be sent) 179978
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing El Paso Natural Gas C  If well produces oil or liquids, give location of tanks.  VI. OPERATOR CERTIFIC	SPORTE  phead Gas  ompany  Unit  ATE OF  tions of the last the information	Sec.	or Dry G	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes OIL C	92 E1 ed?	proved copy of this form Paso, Tx. When? 10-17-77	is to be sent) 79978 7
Name of Authorized Transporter of Casing El Paso Natural Gas C If well produces oil or liquids, pive location of tanks.  VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and	SPORTE  phead Gas  ompany  Unit  ATE OF  tions of the last the information	Sec.	or Dry G	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes OIL C	92 E1 ed?	proved copy of this form Paso, Tx. When? 10-17-77	is to be sent) 79978 7
Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing El Paso Natural Gas C.  If well produces oil or liquids, give location of tanks.  VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula Division have been compiled with and i is true and complete to the best of my k	SPORTE  phead Gas  ompany  Unit  ATE OF  tions of the last the information	Sec.	or Dry G	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes	92 E1 ed?	proved copy of this form Paso, Tx. When? 10-17-77	is to be sent) 15 to be sent) 179978
Name of Authorized Transporter of Casing El Paso Natural Gas C If well produces oil or liquids, pive location of tanks.  VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and	SPORTE  phead Gas  ompany  Unit  ATE OF  tions of the last the information	Sec.	or Dry G	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes OIL C	92 E1 ed?	proved copy of this form of the form o	is to be sent) 79978 7 VISION 0 1989
Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing El Paso Natural Gas C  If well produces oil or liquids, give location of tanks.  VL OPERATOR CERTIFIC  I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my k  Signature	SPORTE  chead Gas  company  Unit  ATE OF  ations of the that the informowledge ar	Sec.  COMPOIL Conservantion given the belief.	or Dry G Twp.    Twp.   PLIAN( rvation en above	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes OIL C	92 E1 ed?	proved copy of this form of the form o	is to be sent) 79978 7 VISION 0 1989
Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing El Paso Natural Gas C  If well produces oil or liquids, give location of tanks.  VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my k  Signature Connie Monahan Ope: Printed Name	SPORTE  phead Gas  ompany  Unit  ATE OF  tions of the last the information	Sec.  COMPOIL Conservantion given the belief.	or Dry G Twp. PLIAN( vation en above	NATU	Address (Give address P.O. Box 14 Is gas actually connect yes OIL C Date Appro	92 E1 ed?	proved copy of this form of the form o	is to be sent) 79978 7 VISION 0 1989
Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing El Paso Natural Gas C  If well produces oil or liquids, give location of tanks.  VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my k  Signature Connie Monahan Ope	SPORTE  chead Gas  company  Unit  ATE OF  ations of the that the informowledge ar	Sec.  COMPOIL Conservantion given the belief.	or Dry G  Twp.  PLIAN( vation en above  III  Title	Rge.	Address (Give address P.O. Box 14 Is gas actually connect yes OIL C	92 E1 ed?	proved copy of this form of the form o	is to be sent) 79978 7 VISION 0 1989

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.