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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSPO	RT OIL	AND NATU	JRAL GAS	3			
Operator							Well API	No.		
MERIDIAN OIL INC.										
Address										
21 Desta Drive	Midla	nd. Tex	kas	79705						
Reason(s) for Filing (Check proper box	)				Other (	Please explain	)			1
New Well		Change in	Transport	er of:		Effecti	ve 2-1 -	39		
Recompletion	Oil		Dry Gas							
Change in Operator XX	Casinghe	ad Gas 🗌	Condens							
If change of operator give name and address of previous operator	oyle Ha	rtman	Р.	0. Box	1861	Midland	i, Texas	79702		
IL DESCRIPTION OF WEL	L AND LE									
Lease Name		Well No.			ng Formation	T	Kind of Le			Lease No.
El Paso Prichard Fe	deral	1	Ja	almat_	(Gas) Pool	Yates	SR STATE Fede	arai og Ree	NM∙-	11768
Location										
Unit LetterJ	:19	080	Feet From	m The	S Line as	1980	Foet Fr	rom The	E	Line
Section 9 Town	thip 25	5-S	Range	37-	E , <b>NMP</b>	М,	Lea			County
IN DESIGNATION OF TRA	NCDODT	TD OF O					_			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
		VI COLUM			Address (Give a	daress to whic	n approved cop	y of this form	is to be	r sent)
Name of Authorized Transporter of Car	inghead Gas		or Dry G	as XX	Address (Give a	ddress to whic	is approved com	e of this form	is to be	
El Paso Natural Gas	Company		•		P.O. Box		El Paso,		7997	1
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually o		When?		1 991	9
VL OPERATOR CERTIFI	CATEO	COM	T TARK		ves		8-:	<u> 17-79</u>		
I hereby certify that the rules and re-	milations of the	COM	LIAIN	CE.		I CONS	SERVAT		VIC	1011
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					∥ ∵'	LOON	SERVAI	וט אוטו	VIS	ION
is true and complete to the best of m	y knowledge s	ngd belief.						MAR	Q	1989
Junie ///onalian					Date A	pproved				
Signature					ByORIGINAL SIGNED BY JERRY SEXTON					
Connie Monahan Operations Tech III					Ву		DISTRI	CT 1 SUPE	RVIS()	R
Printed Name	<u> </u>	o recii	Title				Pie.	=		
<u>2-24-89</u> 915/686-5681					Title_					<del></del>
Date		Tele	phone 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.

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MAR 1 1989 OCD HOBBS OFFICE