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

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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 بل عله ا

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND MATURAL CAS

		10 INAP	NSPORT OIL	AND NATURAL GAS		
Operator					Well API No.	
MERIDIAN OIL IN	IC			_		
Address					· · · · · · · · · · · · · · · · · · ·	
<u>21 Desta Drive</u>	Midla	nd. Texa	as			
Reason(s) for Filing (Check proper	r box)			Other (Please explain)		
New Well			Transporter of:	Effectiv	ve 2-1 -89	
Recompletion	Oil	L I	Dry Gas			
Change in Operator XX	Casinghe	ad Gaa 🗌 (Condenante	-		
If change of operator give name and address of previous operator	Doyle Ha	rtman	P.O. Box	: 1861 Midland	, Texas 79702	
IL DESCRIPTION OF W	VELL AND LE	ASE				
Lease Name		Well No. I	Pool Name, Includi	ng Formation	Kind of Lease	Lease No.
Jalmat_Federal (Com	1	Jalmat(Yates-7 Rivers)	State, Federal or Reex	LC-055546
Location			······			
Unit Letter	::	590 -	Feet From The	N Line and 660	Feet From The	WLine
Section 6 1	Township2	<u>25-5</u>	Range 3	7- <u>е</u> , ммрм ,	Lea	County
III. DESIGNATION OF			_	-		
	IRANSPURIE	ER OF OII	L AND NATTI	RAL GAS		
Name of Authorized Transporter of		or Condensa		RAL GAS Address (Give address to which	approved copy of this form	is to be sent)
Name of Authorized Transporter of		or Condensa		Address (Give address to which		
Name of Authorized Transporter of Name of Name of Authorized Transporter of Name of Authorized Transporter of Name of Authorized Transporter of Name of Name of Authorized Transporter of Name	of Casinghead Gas	or Condensa		Address (Give address to which Address (Give address to which	approved copy of this form	is to be sent)
Name of Authorized Transporter of	of Oil	or Condensa	or Dry Gas	Address (Give address to which Address (Give address to which P.O. Box 1492	approved copy of this form E1 Paso, Tx.	
Name of Authorized Transporter of Name of Authorized Transporter of El Paso Natural G	of Casinghead Gas	or Condensa		Address (Give address to which Address (Give address to which P.O. Box 1492 Is gas actually connected?	approved copy of this form El Paso, Tx. When?	is to be sent)
Name of Authorized Transporter of Name of Authorized Transporter of El Paso Natural G If well produces oil or liquids, give location of tanks.	of Casinghead Gas as Company Unit	or Condense	or Dry Gas XX	Address (Give address to which Address (Give address to which P.O. Box 1492	approved copy of this form E1 Paso, Tx.	is to be sent)
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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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