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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Meridian Oil Inc.	
Address	
21 Desta Drive Midland, Texas	79705
Resson(s) for Filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Effective 2-1 -89
Recompletion Oil Dry Gas	
Change in Operator Casinghead Gas Condensate	
If change of operator give name Doyle Hartman P.O. Box 1861 Midland, Texas 79702	
IL DESCRIPTION OF WELL AND LEASE	
Lesse Name Well No. Pool Name, Includin	
E.C. Winters 2 Jalmat (Or	+(Gas) T-Y-SR State Fore
Location	
Unit Letter <u>H</u> : <u>1980</u> Feet From The	N Line and 990 Feet From The E Line
Section 18 Township 25-S Range 37-E	, NMPM, Lea County
TT DESTONATION OF TDANSDORTED OF OIL AND NATIONAL TO AS	
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)	
Name of Authorized Transporter of Oil XX or Condensate X	
Permian Corporation P.O. Box 1183 Houston, Tx, 77001 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas X Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	<u>P.O. Box 1384</u> Ja1. N.M. 88252
	Is gas actually connected? When ?
pive location of tanks. H 18 25S 37E	yes 9-25-80
VL OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation	OIL CONSERVATION DIVISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	NAD 0 1000
is the size complete to the best of my knowledge and belief.	Date Approved MAR 8 1989
Enno Would	
Canal Morala	ByORIGINAL SIGNED BY JERRY SEXTON
Signature Connie Monahan Operations Tech III	
Printed Name Title	DISTRICT I SUPERVISOR
2-24-89 915/686-5681	Title
Date Telephone 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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