<u>†</u>					
Submit 5 Copies State of Ne					Form C-104
Appropriate District Office	Energy, Minerals	and Nati	rai Resources Department		Resident 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240					Surdializations at Bottom of Page
	OIL CONS	ERVA	TION DIVISION		It design of Lafe
DISTRICT II P.O. Drawer DD, Artenia, NM 88210		P.O. Bo			
	Santa Fe.		xico 87504-2088		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	•				
1000 KIO BRIZOL KL, AZEC, NMI 87410	REQUEST FOR AL	LOWAB	LE AND AUTHORIZAT	TION	
I.			AND NATURAL GAS		
Operator			AND MAIONAE GAO	Well API No.	
MERIDIAN OIL INC.					
Address					
	• 11 1 77	70705			,
21 Desta Drive M: Remon(s) for Filing (Check proper box)	idland, Texas	79705	Other (Please explain)		
New Well	Change in Transport	···· of:		A A A A	
· · · · ·			Effectiv	ve 2-1 -89	
		_			
	azinghead Gas 🔝 Condens			······	
If change of operator give same Doyle	e Hartman P.	O. Box	: 1861 Midland,	Texas 79702	
• •					
IL DESCRIPTION OF WELL AN					
Lease Name	Weil No. Pool Na			Kind of Lease	Lease No.
Late Thomas	<u> </u>	<u>lmat'(</u>	<u>Yates - Seven Rive</u>	STAX Foderat or Fee	
Location		N.			
Unit Letter L :	1980 Feet Fro	m The	S Line and 990	Feet From The	W Line
Section 17 Township	24-S Range	3	<u>7-e</u> , NMPM ,	Lea	County
III. DESIGNATION OF TRANSP	ORTER OF OIL AND) NATU	RAL GAS		
Name of Authorized Transporter of Oil	or Condensate	 _	Address (Give address to which a	pproved copy of this form	is to be sent)
L	(
Name of Authorized Transporter of Casinghea	d Gas 🔲 or Dry C	ias XX	Address (Give address to which a	pproved copy of this form	is to be sent)
El Paso Natural Gas Com	pany				79978
	nit Sec. Twp.	Rge.		When ?	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
give location of tanks.		1	ves.	11-9-	01
VI. OPERATOR CERTIFICAT	E OF COMPLIAN	CE	11		
I hereby certify that the rules and regulation			OIL CONSI	ERVATION DI	VISION
Division have been complied with and that the information given above					
is true and complete to the best of my knowledge and belief.				MAR * 6	1989
			Date Approved		
Comie VIA					
Signature	By ORIGINAL SIGNED BY JERRY SEXTON				
<u>Connie Monahan Opera</u>		DISTRICT I SUPE			
Printed Name	Title		Title		
2-24-89	<u>915/686-568</u>				
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.