Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTR	ANSPO	ORT OIL	. AND NATU	IRAL GAS	3	
Operator							Well API No.	
Meridian Oil	Inc.							
Address								-
21 Desta Drive	e	Midla	ind, Te	exae	79705			
Reason(s) for Filing (Check proper b	ox)		11.01	-AG5		Please explain	1	
New Well	w Well Change in Transporter of:					•	•	
Recompletion	Oil	Ĭ	Dry Gas			Effect	ive 2-1 -89	
Change in Operator	Casinghea	d Gas	Condens					
If change of operator give name and address of previous operator	Doyle Hart	man	I	P.O. Bo	ж 1861	Midlar	nd, Texas 7970)2
IL DESCRIPTION OF WE	LL AND LEA	ASE						
see Name Well No. Pool Name, Includi				ng Formation,		Kind of Lease	Kind of Lease Lease No.	
Carlson Federa	al	4			attix Que	n-GA	State, Federal or Fee	NM-0766
Location					1	<u> </u>	IIIII AAAA	1 111-0700
Unit Letter P	:99	0	_ Feet Fro	an The	S Line an	990	Feet From The	E Line
Section 23 Tou	vaship 2	5-S	Range	37	-E , NMP	м,	Lea	County
III. DESIGNATION OF TR	RANSPORTE	R OF C	H. ANT	NATTI	DATICAS			
Name of Authorized Transporter of Oil AND or Condensate					Address (Give address to which approved copy of this form is to be sent)			
Permian Co rporation					k <u> </u>			
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					P.O. Box 1183 Houston, Tx, 77001 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.					P.O. Box			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.			Jal. N.M. 88	3252
give location of tanks.	i P	23	255	1 37ที		yes	10-14	_85
VL OPERATOR CERTIF	FICATE OF	COM	PLIAN	CE	11			
I hereby certify that the rules and regulations of the Oil Concernation					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.							MAR 1 0	1989
					Date Approved			
Signature					Ву	Drig. Signed by		
Connie Monahan Operations Tech III Printed Name Title 2-24-89 915/686-5681					Title			
Date			0-001					

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.

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