Submit 5 Copies Appropriate District Office P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antenia, 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	ANSP(DRT OIL	AND NATURAL GAS		
Operator						Well API No.	
MERIDIAN OIL INC.							
Address				·		<u>. </u>	
21 Desta Drive	Midla	nd. Te	xas	79705			
Reason(s) for Filing (Check proper box)				<u> </u>	Other (Please explain)		
New Well		Change is	a Transpor	nter of:	Effective	e 2-1 -89	
Recompletion	Oil	ے ّ	Dry Gar	_		0,	
Change in Operator 🔀	Casinghe	ead Gas	Conden				
If change of operator give name and address of previous operator	oyle Ha	rtman	P	.O. Box	x 1861 Midland,	Texas 79702	
II. DESCRIPTION OF WELI	AND LE	TASE					
Lease Name				na Financian	12: 1 6:		
Carlson-Harrison Fed	l Com	5			s)Yates-5R	Kind of Lease Space Federal XX Fex X	Lease No. LC-032579B
Location					/		
Unit LetterC	_ :	330	_ Feet Fre	m The	N Line and 1650	Feet From The	W Line
Section 27 Towns	nip	25 - S	Range	37-	E , NMPM ,	Lea	County
II. DESIGNATION OF TRAI	NSPORTI	ER OF O	II. ANI	NATTI	DAT CAC		
Name of Authorized Transporter of Oil	or Conder	Address (Give address to which a	emend annu ef at in f				
			Į		the state of the state of the state of	pproved copy of this form	us to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company							
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	l Paso, Tx.	79978
				1	ves	January, 1	086
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation							
Division have been complied with and that the information gives show					OIL CONSERVATION DIVISION		
is true and complete to the best of my	knowledge a	und belief.			1	MADE	A
Vario Monada.					Date Approved _	MAR' 8	1989
Signature	#*/	MILL	40	in	By		
Connie Monahan Operations Tech III					ByORIGINAL SIGNED BY JERRY SEXTON		
Printed Name			Title		Title	DISTRICT I SUPE	RVISOR
2-24-89		915/68	36-568	₹1 I	IIII8		_
Date			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
- 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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