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DISTRICT II

## 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., Aziec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	NSPC	DRT OIL	AND NATURAL GAS	S	
perator						Well API No.	
MERIDIAN OIL IN	1C						
ddress							-
21 Desta Drive	Midla	nd. Tex	tas	79705			
esson(s) for Filing (Check prop	er bax)				Other (Please explain	n)	
ew Well		Change in	Тгалагров	ter of:	rff	ive 2-1 -89	
ecompletion	Oil Dry Gas				Effective 2-1 -09		
hange in Operator XX	Casinghe	ad Gas 🔲	Condens	mte 🗌			
change of operator give name d address of previous operator	Doyle Ha	rtman	Ρ.	.О. Вох	1861 Midlan	d, Texas 79702	
DESCRIPTION OF V	VELL AND LE		,				
ease Name				me, Includi	ng Formation	Kind of Lease	Lease No.
<u> Langlie A State</u>		1 2 <b>Y</b>	Ja	lmat -	Yates (Gas)	State Foderal or Foo	B-1167
ocation		,					
Unit LetterH_	:-19	980	Feet Fre	m The	N Line and	735 Feet From The	E Line
Section 36	Township	24-S	Range	36-E	. NMPM.	Lea	<b>C</b>
					7		County
I. DESIGNATION OF	TRANSPORTE	ER OF O	IL ANI	NATUI	RALTGAS		
ame of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)			
<del></del>				<del></del> -		· · · · · · · · · · · · · · · · · · ·	
ame of Authorized Transporter of Casinghead Gas or Dry Gas XX				Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural (</u>	as Company				P.O. Box 1492		79978
well produces oil or liquids, we location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When?	·
	!				yes	2-14-	-61
L OPERATOR CER				CE			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION		
is true and complete to the bear	with and that the info	rmation give	n above			MAD P	£ 1000
is true and complete to the best of my knowledge and belief.					Date Approved MAR 6 1989		
(//0		///	. ,		Date Approved		
anne	<u>er ///</u>	por	al.	an	D. 08	ICINAL FLORES ST.	
Signature Connie Monahan	Onorotion	o Tool-		_	ByOR	IGINAL SIGNED BY JER	RY SEXTON
Printed Name	Operation:	s lech	Title			DISTRICT I SUPERV	ISOR
2-24-89		915/68		31	Title		
Date			30-300		]		

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.