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

DISTRICTI

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 Seedimentalisms at Bettom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS
Well API No.

		Ĭ		1
MERIDIAN OIL INC.				
Address				
	l Texas 79705	Other (Please explain)		
Reason(s) for Filing (Check proper box)		· ·	0 1 00	
MEM METT	hange in Transporter of:	Effectiv	e 2-1 -89	
Recompletion Uil	Dry Gas			
Change in Operator XX Cusinghead			70700	
If change of operator give name and address of previous operator Doyle Har	tman P.O. Box	1861 Midland,	Texas 79702	
II. DESCRIPTION OF WELL AND LEA		an Engantion	Kind of Lease	Lease No.
Tens (Anna	Well No. Pool Name, including	Tansill Yates Sev	State, Federal or Fee	NM-0321613
五里. Jack	l Dalmat(Gas)	Rivers	GILAN AMAN	WIT 0321010
Location				W Line
Unit Letter E : I	980 Feet From The	N Line and 000	Feet From The	Line
		37-Е . NMPM,	Lea	County
Section 8 Township 2	4-S Range 3	7-E , NIVIPM,		
III. DESIGNATION OF TRANSPORTE	DOF OU AND NATE	DALIGAS		
III. DESIGNATION OF TRANSPORTE	or Condensate	Address (Give address to which a	and come of this form	is to be sent)
		VOOLER (CISE OFFI ET IN MUSTURE	ipproved copy of this join	IS ID DE SENI)
Name of Authorized Transporter of Oil	of Collocations	Address (Othe data ess to which a	ipproved copy of this form	8 ib be sea,
Name of Authorized Transporter of Casingheid Gas	or Condensate or Dry Gas XX	Address (Give address to which a	approved copy of this form	
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas XX	Address (Give address to which a P.O. Box 1492 E	approved copy of this form	is to be sent)
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company If well produces oil or liquids, Unit	or Dry Gas 🕮	Address (Give address to which a P.O. Box 1492 E	approved copy of this form 11 Paso, Tx. When?	is to be sent) 79978
Name of Authorized Transporter of Casinghe at Gas El Paso Natural Gas Company If well produces oil or liquids, give location of tanks.	or Dry Gas XX Sec. Twp. Rge.	Address (Give address to which a P.O. Box 1492 E Is gas actually connected?	approved copy of this form 1 Paso, Tx. When?	is to be sent) 79978 wn
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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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