Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

I.

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

1. N. I 951 y 1 - •

. . . .

REQUEST FOR ALLOWABLE AND AUTHORIZATION

State of New Mexico

Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104

TO TRANSPORT OIL AND NATURAL GAS

Operator					AND NATO	INAL GAS			
•							Well API No.		
MERIDIAN OIL INC.									
Address									
21 Desta Drive	Midla	nd. Te	xas	79705					
Reason(s) for Filing (Check proper box)				12102	Other (lease explain)		··	
New Well									
Recompletion	Oil Dry Gas								
Change in Operator	Casinghe	ad Gas	Conden	_					
If change of operator give name									
and address of previous operator	oyle Ha	rtman	P	.O. Boz	<u> 1861</u>	Midland,	<u>, Texas</u> 79702	-	
II. DESCRIPTION OF WELL	AND LE	ASE							
		Well No.	Pool Na	me Inchudi					
Phillips-Goldston	Weil Net Fourier, including Formation						Kind of Lease State, Federal, or Fee	Lesse No.	
			Ja	<u>lmat (</u>	<u> Fansil-Yat</u>	<u>es) > K</u>	XXXXXXXXXX		
		_							
Unit LetterG	:23	10	_ Feet Fro	m The	N Line an	1980	Feet From The	E Line	
Section 26 Townsh	ip 24	<u>-S</u>	Range	36-1	<u> </u>	А,	Lea	County	
IH. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be								is 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								is to be sent)	
El Paso Natural Gas Company					P.O. Box 1492 El Paso, Tx. 79978				
If well produces oil or liquids,	Unit	Sec.	Twp.	Ree	Is gas actually co		When ?	/99/0	
give location of tanks.	i	i	i .	1	ves			70	
VL OPERATOR CERTIFIC	ATE O	FCOM	PLIAN		<u> </u>		10-23	-/8	
I hereby certify that the rules and regulations of the Oil Conservation						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.							MAR10	foor	
(γ) (Λ) (Λ)				Date Approved 1011111111111111111111111111111					
(Ann	///	An.	n/_	11					
Signature					By Drig. Signed by				
Connie Monahan Operations Tech III							Pant	Kautz	
Printed Name		<u> </u>	Title				Geol	ogiat	
2-24-89	_	915/6	86-568	31	Title				
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.

MAR 1 1989 OCD HOBBS OFFICE

,

RECEIVED

ం, సంఘట్ల 6 ల్యె⁶ట్ _ఫ ార్ ఉండి ప్రత్

**