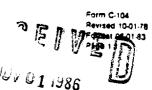
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
DISTRIBUTION
FILE
v.4.o.4.
LANG OFFICE
TRANSPORTER OIL
PROMATON OFFICE
I.
Operator
Meridian Oil Inc.
P. O. Box 4289, Farmingt
Reason(s) for filing (Check proper box)
New Well
Recompletion
X change in Children Congressionsh
If change of ewnership give name E1 E
and address of previous owner
II. DESCRIPTION OF WELL AND L
Lease Name
Klein
Location
Unit Letter I 1840
Line of Section 30 Townshi
III. DESIGNATION OF TRANSPOR
Name of Authorized Transporter of Cit
Meridian Oil Inc.
Name of Authorizes Transporter of Casingn

OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



OIL CON DIV

PRODATION OFFICE AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
Meridian Oil Inc.	
P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Wet1 Change in Transporter of:	
	Meridian Oil Inc. is Operator
	for El Paso Production Company
If change of ewnership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE  [Lease Name   Well No.] Pool Name, including F	ormation Kind of Loase Lagran No.
Klein 11 Otero Chacra	State, Fodores ar Foo SF 079265
Unit Letter I : 1840 Feet From The South Lin	ne and 900 Feet From The East
Line of Section 30 Tawaship 26N Range	6W NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit. or Concensate Compared Oil Inc.  Name of Authorized Transporter of Casingness Gas or Dry Gas (A)	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids.  Que location of tanks.    Unit   Sec.   Twp.   Rgs.     30   26N   6W	Is gas detudity connected? When
If this production is commingled with that from any other lesse or pool.	give commingling order number
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED
my knowledge and beilef.	BY
	TITLE SUPERVISION DISTRICT # 3
( Verse Look)	This form is to be filed in compliance with RULE 1104.
(Signature) Drilling Clerk	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AUL 2 111.
(Tule) 11-1-86	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	Fill out only Sections I, II, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
	Separate Forms C-104 must be filed for each pool in multiply completed wells.