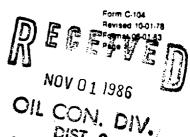
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	04		
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LANG OFFICE			
TRANSPORTER	014		
	948		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

	PORT OIL AND NATURAL GAS DIST. 3
Creater Meridian Oil Inc.	
P. O. Box 4289, Farmington, NM 87499	
Reagon(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Meridian Oil Inc. is Operator
Recompletion Oil D	for El Paso Production Company
Change w/ChiticoliumOperatorship Casingheed Gas C	ondensete
If change of ownership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE So. Blanco	
Lesse Name Weil No. Pool Name, including F	
Klein 1 Pictured Clif	fs State (Federal) or Fee SF 079265
Location	
Unit Letter F = 1650 Feet From The North Lin	e and 890 Feet From The West
Line of Section 30 Township 26N Range	6W NMPM. Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
Name of Authorized Transporter of Cit or Congeniate X	Andress (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	D O Pay 1200 Family at 17100
Name of Authorized Transporter of Casinghedd Gas () or Dry Gas (X)	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
Unit Sec. Two. Res.	is gas actually connected? When
If well produces oil or liquids. give location of tants. F 30 26N 6W	The state of the s
If this production is commingled with that from any other lesse or pool.	give commingling order numbers
NOTE: Complete Parts IV and V on reverse side if necessary.	
UT CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE NOV U 1 1986	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	7.12
my knowledge and belief.	9Y
	TITLE SUPERVISION DISTRICT #3
(Verse X Lab.)	This form is to be filed in compliance with RULE 1104.
12416 Soar	If this is a request for allowable for a newly drilled or deepened
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
(Title)	All sections of this form must be (liled out completely for silow-
11-1-86	Fill out only Sections I. II. III, and VI for changes of owner,
(Date)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiply
•	completed wells.