

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

APPROPRIATE DISTRICT	
DISTRIBUTION	
SANTA FE	
FILE	
REGS	
LOCAL OFFICE	
INSTRUMENT NO.	
DATE	
OPERATOR	
OPERATING NUMBER	

OIL CONSERVATION DIVISION
P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-85
Form 1-05-0-12

NOV 01 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Meridian Oil Inc.
Address
P. O. Box 4289, Farmington, NM 87499
Reason(s) for filing (Check one or more)
☐ New Well ☐ Change in Transporter oil ☐ Dry Gas ☐ Other (Please explain)
☐ Change in Operatorship ☐ Change in Gas ☐ Change in Gas
Meridian Oil Inc. is Operator
For El Paso Production Company

In change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4239, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Klein	23	Basin Dakota	State (Federal) or Co.	SF 072240
Location				
Unit Letter	R	2170	Feet from The South	Line and 1340
Foot from The		West		
Line of Section	33	Township	26N	Range 6W
N.M.P.M.		Rio Arriba		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Conducing	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.		P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Gas or Dry Gas	or Dry Gas	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 condensate, give location of tanks.	Unit	Sec.
	K	33
		26N
		5W
Is gas actually connected?		

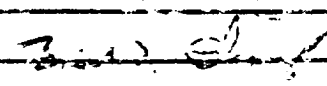
If this production is commingled with that from any other leases or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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 my knowledge and belief.


(Signature)
Drilling Clerk
Date: 11-1-86
(Date)

OIL CONSERVATION DIVISION
NOV 01 1985
APPROVED _____
BY 
TITLE SUPERVISION DISTRICT 3
This form is to be filed in compliance with RULE 2-1003.
If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of all completion tests taken on the well in accordance with RULE 2-101.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of operator, well name or number, or transporter or other such change or completion.
Separate Forms C-104 must be filed for each plan on newly completed wells.