

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.D.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

3027
RECEIVED
JUN 29 1988
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator Merrion Oil & Gas Corp. | |
| Address P. O. Box 840, Farmington, New Mexico 87499 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|---------------------|
| Lease Name Federal 21 | Well No. 4 | Pool Name, Including Formation Ojo Encino Entrada | Kind of Lease State, Federal or Fee Federal | Lease No. NM5980 |
| Location Unit Letter <u>N</u> ; <u>330'</u> Feet From The <u>South</u> Line and <u>2310'</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>20N</u> Range <u>5W</u> , NMPM, <u>McKinley</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Transportation, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | N 21 20N 5W no |

If this production is commingled with that from any other lease 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)
Operations Manager
(Title)
June 29, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ JUN 21 1988
BY _____ Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 3
TITLE _____

This form is to be filed in compliance with RULE 1104.

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 RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, 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.