ENERGY AND MINERALS DEPARTMENT ---DISTRIBUTION

(Tula) 6/6/84 OIL CONSERVATION DIVISION P. O. BOX 2088

Fill out only Sections I, II, III, and VI for changes of own

Form C-104 Revised 10-1-78

(Signorwa) Steve S. Dunn, Operations Manager (Tule) 6/5/94			If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with MULE III. All sections of this form must be filled out completely for allowing on new and recompleted wells.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION APPROVED SUPERVISOR DISTRIBUTES 3 This form is to be filled in compliance with RULE 1104.	
	civel Prod. Teel-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	AS WELL	T	Dist.	
		OIL CON DIVIGAS-MCF		
-	etual Prod. During Teet	Oli - Bbis.	JUN 08 1984	V Gas-MCF
1	ength of Teet	Tubing Pressure	Castra Pressure	Choke Size
OIL WELD abis for this depth or be for full		Producing Method (Flore, pump, gas l		
	EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top a
-				
-				
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
-				
-	Perforations			Depth Casing Shoe
-	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
	Designate Type of Complete	ion — (X)	New Well Workover Deepen	Plug Back Same Res'v. Dill. R
1 V. (this production is commingled with that from any other lease or pool, give commingling order numbers 19934A			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqu. J 3 23N 6W	is gas actually connected?	9/30/82
-	El Paso Natural Gas Con	mpany	P.O. Box 990, Farmingto	on, New Mexico 87499
-	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas (Y) or Dry Gas		P.O. Box 108, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)	
44.]	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Address (Give address to which app	roved copy of this form is to be sent)
TT .	Line of Section 1	Hange Hange	, NMPM,	Arriba Cou
	3	23N		East
	Decation			
	Yarborough Federal	Well No. Pool Name, including 1 Counselors Ga		Lease Lease rai or Fee Federal NM 28733
11.	DESCRIPTION OF WELL AN			
	If change of ownership give name and address of previous owner			
	Change in Ownership	Casinghead Gas Con	densate	
	New Well Change in Transporter of: Recompletion Oil Dry Gas			Name.
	P.O. Box 1017, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please explain)			
	Merrion Oil & Gas Corporation Address			
4.	Operator			
AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			-	
	TRANSPORTER DIL REQUEST FOR ALLOWABLE			
	SANTA FE, NEW MEXICO 87501			