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|-------------------|-----|--|
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 0-104
Supersedes Old C-104 and
Effective 1-1-83

Operator
Merrion Oil & Gas Corporation

Address
Post Office Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter oil | |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|-----------------------|-----------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease |
| Margarita Com | 1 | Counselors' Gallup-Dakota | State, Federal or Fee | Federal NM 2373 |
| Location | | | | |
| Unit Letter | H | 1820 | Feet From The | North |
| | | | Line and | 810 |
| | | | Feet From The | East |
| Line of Section | 15 | Township | 23N | Range |
| | | | 6W | , NMPM, |
| | | | | Rio Arriba |
| | | | | Co |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| CONOCO, INC. Surface Transportation | 555 17th Street, 9th Floor, Denver, CO 80202 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Dugan Production Corporation | P. O. Box 208, Farmington, New Mexico 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | H | 15 | 23N | 6W | Yes | 8/84 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|-------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

| | | |
|---------------------------------|-----------------|-------------------------------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, Pump, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |

NOV 02 1984

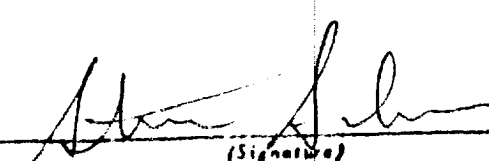
OIL CON. DIV. DIST. 3

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
OPERATIONS MANAGER
(Title)
October 30, 1984

OIL CONSERVATION COMMISSION

NOV 02 1984

APPROVED _____, 19__

BY _____
SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1106.
If this is a request for allowable for a newly drilled or do- well, this form must be accompanied by a tabulation of the do- tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.