## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

**. ** ***** ***	****	$\Gamma$	
DISTRIBUTION			1
SANTA PE		1	
FILE			
U.S.a.s.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAL		
OPERATOR			
PRORATION OFFICE			

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

REQUEST FOR ALLOWABLE

Revised 10-01-78 Format 06-01-83

Form C-104

PRORATION OFFICE	11/71/00/71/710:	AND		Oll Co. "Ook	3
I.	AUTHORIZATION T	O TRANSPORT OIL A	IND NATURAL GA	SOIL CON. D	<i>t</i> a.
Operator	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	DIST 3 U	V
Merrion Oil & Gas	Corp.			3	•
Address		······································		<del></del>	
P. O. Box 840, Far	mington, New Me:	xico 87499			
Reason(s) for liling (Check proper box)		· · · · · · · · · · · · · · · · · · ·	ther (Please explain)	·	
New Well	Change in Transporter	of:		•	
Recompletion	O11	Dry Gas			
Change in Ownership	Casinghead Gas	Condensate ·	Change of O	perator	
•	Kirby Exploration	on, P. O. Box 1	745, Houston,	Texas 77251	
I. DESCRIPTION OF WELL AND I	LASE   Well No.   Pool Name,	Including Formation	Kind of t		
Federal Media				oderal or Fee Federal	Lease No.
Location .	/ Medi	a Gallup	State, Fe	rederal	NM28241
	Feel From The NO	rth Line and 19	80 Feel F	rom TheEast	
Line of Section 22 Townsh	nip 19N	Range 3W	, <sub>NMPM</sub> , Sand	doval	County
III. DESIGNATION OF TRANSPOF	TEP OF OH AND N	IATTIDAT CAS			
Name of Authorized Transporter of Oil			ve address to which a	pproved copy of this form is	to be sent)
				,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,
Name of Authorized Transporter of Casingle	head Gas 📄 or Dry G	as Address (Gi	ve address to which a	pproved copy of this form is	10 be sens)
Un	it Sec. Twp.	'Rge. Is gas actua	lly connected?	When	
If well produces oil or liquids, qive location of tanks.				1	
f this production is commingled with the	nat from any other leas-	or pool, give commin	gling order number:	<u> </u>	<del></del>
NOTE: Complete Parts IV and V or		•	· .		
7. CERTIFICATE OF COMPLIANCE	E		OIL CONSER'	VATION DIVISION 2	4 1988
bereby certify that the rules and regulations of seen complied with and that the information gives knowledge and belief.			ED	JUI) &	4 1300 . 19

the I have
Merrion (Signdiwe)
Production Engineer
(Title)

June 21, 1988 (Date)

SUPERVISOR DISTRICT TITLE \_\_

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

If this is a request for allowable for a newly drilled or despense 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.