STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE			
FILE			
U.B.O.B.			
LAND OFFICE			
TRANSPORTER	DIL		
	GAS		
OPERATOR			
PROMATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE. NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Form C-104 Revised 10-01-78 Format 06-01-83



Operator Merrion Oil & Gas Corp. Address P. O. Box 840, Farmington, New Mexico Reason(s) for liling (Check proper box) Other (Please explain) New Well Change in Transporter of: OII Dry Gas Recompletion Change of Operator Condensate Change in Ownership Casinghead Gas If change of ownership give name Kirby Exploration, P. O. Box 1745, Houston, Texas 77251 and address of previous owner _ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. | Pool Name, Including Formation Legae No. State, Federal or Fee Federal Media Entrada Unit Entrada - SWD NM043286 Location South Line and 990 1650 East Feet From The Unit Letter 15 3W , NMPM, 19N Range Sandoval Line of Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Aggross (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Condensate

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

Sec.

or Dry Gas

Roe.

Is gas actually connected?

Twp.

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

Name of Authorized Transporter of Casinghead Gas

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids, give location of tanks.

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.

(Stenaiwe) T. Greg/Merrion Production Engineer (Title) June 21, 1988

(Date)

Address (Give address to which approved copy of this form is to be sent)

APPROVED

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

If this is a request for allowable for a newly drilled or despensa well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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 filled for each pool in multiply completed wells.