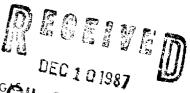
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| •• •• ••• ••• | | | |
|---------------|-----|---|---|
| DISTRIBUTIO | Он | | Ī |
| BANTA FE | | | |
| FILE | | | · |
| U.1.G.4. | | 1 | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | DAS | i | |
| DPENATOR | | | |
| PROMATION OFF | κα | | |

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



| OPERATOR DAS | REQUEST FOR | | DEA | - ** |
|---|---|---------------------------|--------------------------------|---------------------------------------|
| PROMATION OFFICE | 4A | 1D | DEC 1 0 198 | , <i>U</i> |
| AUTHOR | IZATION TO TRANSP | ORT OIL AND NATUR | AL GOIL CON DISS | r |
| Operator | | | | /// |
| Merrion Oil & Gas Corp. | | | | · 👺 6 |
| Address | | | - 444 | · · · · · · · · · · · · · · · · · · · |
| P. O. Box 840, Farmington, | New Mexico 874 | 99 | | |
| Reason(s) for filing (Check proper box) | | Other (Please | explain) | |
| New Well Change in | Transporter of: | | | |
| Recompletion X OII | Dry | / Gas | | |
| Change in Ownership Castr | nghead Gas Cor | ndenzate | | |
| If change of ownership give name and address of previous owner | | | , | |
| II. DESCRIPTION OF WELL AND LEASE | 6 | | Kind of Lease | |
| | Pool Name, including Fo | ł | _ | Lease No. |
| Jicarilla 428 2 | Undes.Dakota/G | allup/Mesaverde | State, Federal or Fee India | an Jic. 428 |
| Location Unit Letter A : 790 Feet Fro | m The North Line | and 790 | Feet From The East | |
| Line of Section 31 Township 23 | N Range | 4W , NMPM, | Sandoval | County |
| III. DESIGNATION OF TRANSPORTER OF C | | GAS | | • |
| Name of Authorized Transporter of Cil X or Co | ondensate 🗍 | | which approved copy of this fo | |
| Conoco Transportation, Inc. | | | , Bloomfield, NM 8 | |
| Name of Authorized Transporter of Costnghead Gos | or Dry Gas | | | The is to be sent; |
| If well produces oil or liquids, Unit Sec. | Twp. Rge. | is que actually connected | 17 When | |
| give location of tanks. A | 31 23N 4W | Yes | 5/77 | |
| If this production is commingled with that from an | y other lesse or pool, q | rive commingling order | number: R-5214 | |
| NOTE: Complete Parts IV and V on reverse s. | ide if necessary. | | | |
| VI. CERTIFICATE OF COMPLIANCE | | OIL CÇ | NSERVATION DIVISIO | N |
| I hereby certify that the rules and regulations of the Oil Cobeen complied with and that the information given is true army knowledge and belief. | nservation Division have id complete to the best of | APPROVED | La Sharek | , 19 |
| | | SUPERVI | BION DISTRICT # S | |

| (Signature) |
|--------------------|
| Operations Manager |

(Date)

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompenied 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.