

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer 107, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: MERRION OIL & GAS CORPORATION Well API No. _____

Address: P. O. BOX 840, FARMINGTON, NEW MEXICO 87499

Reason(s) for Filing (Check proper box): Other (Please explain) _____

New Well
 Recompletion
 Change in Operator

Change in Transporter of:
 Oil
 Dry Gas
 Casinghead Gas
 Condensate

Effective: 3/1/90

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 428</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Undesignated Dakota</u>	Kind of Lease <u>INDIAN</u>	Lease No. <u>Jic 428</u>
Location Unit Letter <u>A</u> : <u>790</u>	Feet From The <u>North</u> Line and <u>790</u>	Feet From The <u>East</u> Line		
Section <u>31</u> Township <u>23N</u>	Range <u>4W</u> , <u>NMPM</u> , <u>Sandoval</u>	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Meridian Oil, Inc. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 4289, Farmington, New Mexico 87499

Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 4990, Farmington, New Mexico 87499

If well produces oil or liquids, give location of tanks: Unit A Sec. 31 Twp. 23N Rge. 4W

Is gas actually connected? Yes When? 5/77

If this production is commingled with that from any other lease or pool, give commingling order number: R-5214

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rec'v <input type="checkbox"/> Diff Rec'v	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RL, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
PERFORATIONS	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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

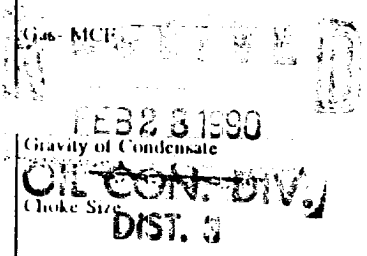
[Signature]
 Signature: Steven S. Dunn
 Printed Name: 2-26-90
 Date: _____

Operations Manager
 Title: _____
 Telephone No: (505) 327-9801

OIL CONSERVATION DIVISION

Date Approved: FEB 28 1990

By: *[Signature]*
 Title: SUPERVISOR DISTRICT #3



INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.