## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

**. ** ****** ***		
DISTRIBUTE	Γ	
SANTA FE		
FILE		
U.1.G.I.		
LAND OFFICE	_	
TRANSPORTER	DIL	
	g // 8	
OPERATOR :		
PROBATION OFFICE		

## 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

REQUEST FOR ALLOWABLE AND

I.	AUTHORIZATION TO T	RANSPORT OIL	L AND NATU	IRAL GAS			
Operator	•		······································				
Merrion Oil & Ga	s Corp.						
Address							
P. O. Box 840, F	armington, New Me	exico 8749					
Reason(s) for liling (Check proper box)	Other (Please explain)						
New Well	Change in Transporter of:						
Recompletion	011	Dry Gas	Change of Operator				
Change in Ownership	Castnahead Gas	Condensate	<u> </u>				
If change of ownership give name and address of previous owner Kir	by Exploration, I	P. O. Box 1	745. Bous	ton, Texas 77251			
II. DESCRIPTION OF WELL AND LE	EASE	·					
Lease Name	Well No. Pool Name, Incl	uding Formation		Kind of Lease	Lease No.		
Miller Federal	7-22   Media Ent	trada South	west	State, Federal or Fee Fedreal	NM28241		
Location			_				
Unit Letter G : 1335	Feet From The Nort	th_Line and	1980	Feet From The East			
Line of Section 22 Townshi	p 19N Ran	ige	3W , NMPN	. Sandoyal	County		
Name of Authorized Transporter of Oil Dermian Corp.  Name of Authorized Transporter of Oil Dermian Corp.  Name of Authorized Transporter of Casinghe of Authorized Transporter of Casinghe of Well produces oil or liquids, que location of tanks.  If this production is commingled with the NOTE: Complete Parts IV and V on VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of	or Condensate or	Address P. O. Address Rge. Is gas according to the comments of	Box 1702 (Give address equally connect mingling orde	<u> </u>	kico 87499		
been complied with and that the information given is true and complete to the best of my knowledge and belief.		best of BY					
1 Greef Nerri	ma	п	nis form is to	be filed in compliance with R	ULE 1104.		
T. Greg Merrion (Signature) Production Engineer	OVO	well, t	his form mus sken on the	uest for silowable for a newly dit be accompanied by a tabulation well in accordance with RULE	on of the deviction.		
(Title)			All sections of this form must be filled out completely for silew- able on new and recompleted wells.				
12/31/87 (Date)			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.				
	•		parate Formi	C-104 must be filed for each	n pool in multiply		