STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Coparation
Merrion Oil & Gas Corp. Address P. O. Box 840, Farmington, New Mexico 87499 Reston(s) for filing (Check proper box) New Well Change in Connership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Bonanza 2 Lindrith Gallup-Dakota West Stote, Federal or Fee Jicarilla Cont., 36 Location Unit Letter L: 1850 Feet From The South Line and 790 Feet From The West Line of Section 1 Township 22N Range 3W NMPM, Sandoval County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Cill of Condensate Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Cosinghead Gos or Dry Gas Address (Give address to which approved copy of this form is to be sent) III. well produces oil or liquids, Unit Sec. Twp. Rege. Is gas actually connected? When give location is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary.
Address P. O. Box 840, Farmington, New Mexico 87499 Rescon(s) for filing (Ckeck proper box) New Well
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Resion(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Bonanza 2 Lindrith Gallup-Dakota West State, Federal or Fee Bonanza 2 Lindrith Gallup-Dakota West State, Federal or Fee Jicarilla Cont. 36 Lease No. Lease No. Bonanza 2 Lindrith Gallup-Dakota West Line of Section Unit Letter L: 1850 Feel From The South Line and 790 Feel From The West Line of Section 1 Township 22N Range 3W . NMPM, Sandoval County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cill Completed Transporter of Cosinghead Gos Condensate P. O. Box 1429, Bloomfield, NM 87413 Name of Authorized Transporter of Cosinghead Gos Cord Condensate Circum address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gos Cord Condensate Circum address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gos Cord Condensate Circum address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gos Cord Condensate Circum address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gos Cord Condensate Circum address to which approved copy of this form is to be sent) Note: Complete Parts IV and V on reverse side if necessary.
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OIL CONCEDIATION DIVISION
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VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED
been complied with and that the information given is true and complete to the best of
my knowledge and belief.
STEAN LLAND OF THE STATE OF THE
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened
(Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
Operations Manager All sections of this form must be filled out completely for allow-
able on new and recompleted wells.
Fill out only Sections I. II. III, and VI for changes of owner,
(Date) 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.
DEC 1 completed wells.
DEC 1 completed wells.
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