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

| 1.O. DOX 1380, 110002 1881 88240 | CONT. CICONICIPINALA | MINANE ENERGE OF ORI | nt Bottom of Page |
|---|--|---|--|
| DISTRICE II P.O. Drawer DD, Artesia, NM 88210 | OIL CONSERVA P.O. Bo Santa Fe, New Me | x 2088 | |
| DISTRICT III 1000 Rio Brazas Rd., Aztec, NM 87410 | Saina i e, ivew ivie | AICO 0/304-2000 | |
| 1. | REQUEST FOR ALLOWAB | | TON |
| Operator | TO THANSPORT OIL | AND NATURAL GAS | Well API No. |
| MERRION OIL & GAS CORP | PORATION | | Well All No. |
| I . | GTON, NEW MEXICO 87499 | | |
| Reason(s) for Filing (Check proper box) New Well | Change in Theorem of | Other (Please explain) | |
| Recompletion [] | Change in Transporter of: Oil [X] Dry Gas | Effectiv | re 3/1/90 |
| Change in Operator | Casinghead Gas Condensate | | • |
| If change of operator give name and address of previous operator | | | |
| II. DESCRIPTION OF WELL / | AND LEASE Well No. Pool Name, Including | an Econotics | Kind of Lease Indian Lease No. |
| Bonanza | | th Gallup-Dakota | Kind of Lease Indian Lease No. State, Federal or Fee Jic 360 |
| Location | | < | |
| Unit Letter K | 0.03 | Line and 1850 | Feet From The West Line |
| Section 2 Township | , 22N Range 3W | , NMPM, | San Juan County |
| III. DESIGNATION OF TRANS | SPORTER OF OIL AND NATU | | approved copy of this form is to be sent) |
| Meridian Oil, Inc. | | | mington, New Mexico 87499 |
| Name of Authorized Transporter of Casing | t | Address (Give address to which a | approved copy of this form is to be sent) |
| El Paso Natural Gas Co | | P.O. Box 4990, Far is gas actually connected? | mington, New Mexico 87499 |
| give location of tanks. | Unit Sec. Twp. Rge. | Yes | When? 9/82 |
| If this production is commingled with that f IV. COMPLETION DATA | rom any other lease or pool, give commingl | ing order number: | |
| Designate Type of Completion - | Oil Well Gas Well | New Well Workover L | Deepen Plug Back Same Res'v Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | |
| Lievadons (Dr., KKB, KI, OK, etc.) | reame of Frontiering Pointation | 1 top Old Gas 1 my | Tubing Depth |
| Perforations | Market Committee | | Depth Casing Shoe |
| | TUBING, CASING AND | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| V. TEST DATA AND REQUES | · | | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | ecovery of total volume of load oil and must Date of Test | Producing Method (Flow, pump, | |
| Length of Test | Tubing Pressure | Casing Pressure | Shoke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Qas- MCF |
| | | | FEB2 8 1990 |
| GAS WELL [Actual Prod. Test - MCI/D] | Thannik at the | 1001-7-1-1-1-1-1-1-1 | OH-CONLONG |
| Metual Plod. Test - MCI/D | Length of Test | Bbls. Condensate/MMCF | OHE CONTEDIA" |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut in) | Casing Pressure (Shut-in) | Choke Size |
| VI. OPERATOR CERTIFIC | ATE OF COMPLIANCE | | |
| Thereby certify that the rules and regul | | OIL CONS | ERVATION DIVISION |
| Division have been complied with and that the information given above | | | FEB 28 1990 |
| is true and complete to the best of my l | anowiedge and belief. | Date Approved | |
| Thomas A de | Collegens and | - | Bus day |
| Signature | The state of the s | By | Duck , William |

Operations Manager Tale Steven S. Dunn 2-26-90

(505) 327-9801

SUPERVISOR DISTRICT #3 Title

- The determinant the form is in is med in sample will rule the.

 1) Request for allowable for newly dilled or despend 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.