STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** (*** ***	110 60		
DISTRIBUTION			
BANTA FE			
FILE			
U.S.O.E.		I	
LAND OFFICE			
TRANSPORTER	OIL		
	BAS		
OPERATOR			
PROMATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

REQUEST FOR ALLOWABLE

PROMATION OFFICE AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS			
I.				
Operator				
Merrion Oil & Gas Corp.				
Address				
P. O. Box 840, Farmington, New Mexico 874	.99			
Reoson(s) for liling (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
Recompletion X Oil Dry	y Gas			
Change in Ownership Casinghead Gas Cor	ndensate			
	•			
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
I ease Name, including ro				
Jicarilla 430 5 South Lindrit	h Gallup-Dakota State, Federal or Fee Indian Jic. 430			
Location	·			
Unit Letter H 1650 Feet From The North Line and 790 Feet From The East				
Unit Letter				
Line of Section 35 Township 23N Range	5W , NMPM, Sandoval County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of Cil X or Condensate	Address (Give address to which approved copy of this form in the			
Conoco Transportation, Inc.	P. O. Box 1429, Bloomfield, NM 87413			
Name of Authorized Transporter of Castaghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
If well produces off or liquids, Unit Sec. Twp. Rge.	is gas octually connected? When			
give location of tanks. H 35 23N 5W	Yes 2/85			
If this production is commingled with that from any other lease or pool,	give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.				
DIL CONSEDVATION DIVISION				
VI. CERTIFICATE OF COMPLIANCE	7000			
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	1			
my knowledge and belief.	BY Sint Change			
	TITLE SUPPRISE STOLET #3			
	This form is to be filed in compliance with RULE 1104,			
	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
(Signature)	tests taken on the well in accordance with MULE 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 ow well name or number, or transporter, or other such change of conditions.				
(Date)	Separate Forms C-104 must be filed for each pool in multiply			