STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

Dunn

Operations Manager

PR. 85 CRPICE SCI	61+ E.B		
DISTRIBUTE		1	
BANTA FE			
FILE	T		
U.8.0.8.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

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

RECHIEST FOR ALLOWARIE

OPERATOR			KLGOLJI	AND	JINDLL		- 1000		
PROBATION OFFICE				AND			The sain		
	AUTH	IORIZATIC	DN TO TRA	ansport (DIL AND NATI	JRAL GAS	er univ		
Operator							01. 3 —		
Merrion Oil & Gas C	Corporati	on							
Address	<u> </u>	<u> </u>			·····································				
P O Box 840. Farm	ning⊱on.	New Mex	ico 87	499					
P. O. Box 840, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box)					Other (Please explain)				
New Well	Change in Transporter of:								
Recompletion	· 🗆 •	Out Dry Gom lst delivery of gas 10/10/85							
Change in Ownership		asinghead C	3as -	Condensat	Condensate				
									
change of ownership give name		•							
nd address of previous owner									
I. DESCRIPTION OF WELL AN	OD LEASE				•				
Lease Name	Well I	No. Pool No	amie, Includi	ng Formation		Kind of Lease		Lease No.	
Jicarilla 430	9	9 Undes. Gallup				State, Federal or Fee Indian		Cont. 430	
Location		-, - - - , 		_ 				4	
Unit Letter I : 231	0' 5	From The	South	I toe and	660 '	Feet From The	East		
Out Carret									
Line of Section 36 To	wnship 2	3N	Range	5W	, NMPI	. Sandova	al.	County	
IL DESIGNATION OF TRANS	PORTER O	F OIL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Ci		r Condensat			Address (Give address to which approved copy of this form is to be sent)				
The Mancos Corporat	ion			P.	O. Box 132	0, Farmington	, New Mexico	87499	
Name of Authorized Transporter of Casinghead Gas 💢 💮 or Dry Gas 🗍				Addres	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas	Co.			P.	O. Box 428	9, Farmington	, New Mexico	87499	
If well produces oil or liquids,	Unii	Sec. T	vp. Rge.	is gas	actually connec	ed7 When			
give location of tanks.	I	36 2	3N 5W		Yes	1	0/31/85 -		
this production is commingled w	ith that from	any other	lease or no	ol give co	mmingling orde	r number:			
				, E .ve co	uningting of a		·		
NOTE: Complete Parts IV and	V on revers	e side if n	ecessary.						
T OFFICE OF COMPANY					חוו ר	ONSERVATION	DIMEION		
T. CERTIFICATE OF COMPLIA	MCF				ا ال	ONUCAVATION	OLAIDIOIA .		
hereby certify that the rules and regulat	ions of the Oil	Conservatio	n Division h	ave APP	ROVED	ME	H-68 198	fo	
een complied with and that the informati				- (1		Smil	J (47)		
y knowledge and belief.				BY			· Swy/		

TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepenses well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

SUPERVISOR STRICT # 3

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.