## STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE			
FILE			
U.4.O.4.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPENATOR			
PROTATION 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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.				
Operator				
Merrion Oil & Gas Corporation	· · · · · · · · · · · · · · · · · · ·			
Address				
P. O. Box 840, Farmington, New Mexico 8749				
Reoton(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:    Recompletion   Oil   Dr	Change field from Undesignated Gallup			
	ndensate to	South Lindrith Gallup Dak	ota.	
Change in Ownership . Casinghead Gas . Ca	nochiadra			
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE	•			
Well No Pool Name Including Fo	ormation . A &	Kind of Lease	Legae No.	
Jicarilla 430 9 Undes Gallup		State, Federal or Fee Indian	430	
Location				
Unit Letter I ; 2310 Feet From The South Lin	e and _:660	Feet From The East		
Olli Coller				
Line of Section 36 Township 23N Range	5W , NMP	M. Sandoval	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of CII or Condensate Address (Give address to which approved copy of this form is to be sent)				
The Mancos Corporation	P. O. Box 1320, Farmington, New Mexico 87499  Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Castinghead Gas 💟 — or Dry Gas 🗌	Acaress (Cive acaress	to which approved copy of this form is to	, 50 30,11,	
El Paso Natural Gas Co.		39, Farmington, New Mexico	87499	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connec	i .		
give location of tanks. I 36 23N 5W	Yes	10/85		
If this production is commingled with that from any other lease or pool,	give commingling ord	er number:	<del></del>	
NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE	UIL (	CONSERVATION DIVISION		
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	A ROVED			
my knowledge and belief.	BY	Orach Java	<del>/</del>	
1	TITLE	SUPERVISOR DIST	AICT # 3	
	11166			
Ata	This form is to be filed in compliance with RULE 1104.			
(Signature)	If this is a request for allowable for a newly drilled or deepenson well, this form must be accompanied by a tabulation of the deviation.			
	tests taken on the well in accordance with MULE 111.			
Stéve S. Dunn. Operations Manager (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
12/5/85	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 Form completed wells.	ns C-104 must be filled for each po-	ol in multipiy	