

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PROMOTION OFFICE	

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

Form C 104
Revised 10/01/78
Format 05/01/83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Merrion Oil & Gas Corporation	
Address P. O. Box 840, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (if lease explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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MAY 21 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NCRA State	Well No. 3	Pool Name, including Formation Devils Fork Gallup/Mesaverde	Kind of Lease State, Federal or Fee	State	Lease No. E 1207-1
Location Unit Letter <u>L</u> ; <u>990</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>16</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

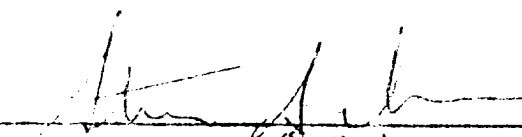
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Mancos Corporation	P. O. Box 1320, Farmington, New Mexico 87499	
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Merrion Oil & Gas Corporation	P. O. Box 1017, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	E	16
	Twp.	Rge.
	24N	6W
Is gas actually connected?	When	
Yes	1963	

If this production is commingled with that from any other lease or pool, give commingling order number: 8-3941

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
C. Dunn, Operations Manager
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 20 1985
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 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 tests taken on the well in accordance with RULE 111.
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 change of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.