

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104  
Effective 1-1-65

|                   |     |
|-------------------|-----|
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

Operator  
Merrion Oil & Gas Corporation

Address  
Post Office Box 1017, Farmington, New Mexico 87499

Reason(s) for filling (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                                   |                               |
|-----------------|----------|--------------------------------|-----------------------------------|-------------------------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease                     | Lease                         |
| Canada Mesa     | 1E       | Basin Dakota                   | State, Federal or Fee Federal     | SF 79086                      |
| Location        |          |                                |                                   |                               |
| Unit Letter     | C        | 1060                           | Feet From The North Line and 1840 | Feet From The West            |
| Line of Section | 24       | Township                       | 24N                               | Range 6W, NMPM, Rio Arriba Co |

II. 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) |
| CONOCO, INC. Surface Transportation                                                                              | 555 17th Street, 9th Floor, Denver, CO 80202                             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company                                                                                      | Post Office Box 990, Farmington, New Mexico                              |
| If well produces oil or liquids, give location of tanks.                                                         | Unit : C Sec. : 24 Twp. : 24N Rge. : 6W                                  |
|                                                                                                                  | Is gas actually connected? Yes When : 6/80                               |

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

V. COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |              |       |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|-------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'tv. | Diff. |
| 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 |          | Tubing Depth      |           |              |       |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |              |       |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |              |       |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |              |       |
|                                      |                             |          |                 |          |                   |           |              |       |
|                                      |                             |          |                 |          |                   |           |              |       |
|                                      |                             |          |                 |          |                   |           |              |       |
|                                      |                             |          |                 |          |                   |           |              |       |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |


RECEIVED  
NOV 02 1984  
OIL CON. DIV.  
Dist. 3

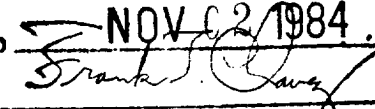
GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

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

  
(Signature)  
OPERATIONS MANAGER  
(Title)  
October 30, 1984

OIL CONSERVATION COMMISSION  
APPROVED  NOV 02 1984, 19  
BY  
SUPERVISOR DISTRICT # 3  
TITLE  
This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the dv tests taken on the well in accordance with RULE 111.  
All portions of this form must be filled out completely for able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of