STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION				
BANTA PE				
FILE				
ν.1.0 1.				
I AND OFFICE				
TRANSPORTER	DIL			
	U 48	1		
OPERATOR				
PROBATION OFFICE				

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

Revised 10 01-78 Format 06 01 83 Page 1

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

REQUEST FOR ALLOWABLE AND

I. AUTHORIZATION TO TRANS	SPORT OIL AND NATU	IRAL GAS	
Operator Merrion Oil & Gas Corporation			
Address			
P. O. Box 840 , Farmington, New Mexico 8749	19	IN THE TEN	
Panson(s) for liling (Check proper box)	Other (Please	ellinain)	
New Well Change in Transporter of:		MAY21 335 13	
	Dry Gas	** G*	
Change in Ownership Coalinghed Gas C	Condensate	OIL CONTRACT	
If change of ownership give name	•	DIST. 3	
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including I		Kind of Lease	Lease No.
Canyon Largo Unit 299 Devils Fork Ga	ıllup	State, Federal or Fee Federal	SF 078874
O 990 South	. 1840	East	
DOUCH.	ne and	Feet From The	
Line of Section 4 24N Range	iW , nmpm	Rio Arriba	
	, contra	•	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA			
Name of Authorized Transporter of CII X or Condensate	Address (Give address i	to which approved copy of this form is	to be sent)
The Mancos Corporation	P. O. Box 1320	. Farmington, New Mexico	o 87499
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas	4	o which approved copy of this form is	•
El Paso Natural Gas Co.	P. O. Box 4289	Farmington, New Mexico	3 874 <u>99</u>
If well produces oil or liquids. give location of tanks. O 4 24N 6W	,		
If this production is commingled with that from any other lease or pool,	give commingling order	number	
	give committees over		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL C	ONSERVATION DIVISION	
	.	MAY 21 198	35
I hereby certify that the rules and tegulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED		
my knowledge and belief.	BY	Tru f	
	TITLE	SUPERVISOR DISTAIC	*
	1)		
Atm Ant	16	be filed in compliance with AUL	
(Signature)	well, this form must	est for allowable for a newly drill be accompanied by a tabulation	f the deviation
Tiero S. Dunn, Operations Manager	tests taken on the	vell in accordance with AULE 11	1.
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
5 31, 85	Fill out only Sections I. II. III, and VI for charges of owner, well name or number, or transporter, or other such change of condition		
(Date)	well name or number,	, or trensporter, or other such chan	ie of condition