

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION 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

Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☒ Oil ☐ Dry Gas
☐ casinghead Gas ☐ Condensate

Other (Please explain)

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DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 310	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee	Federal	Lease No. SF 07887
Location Unit Letter <u>G</u> ; <u>2424</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

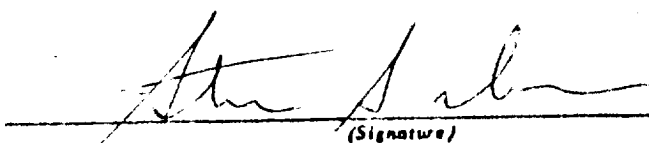
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Hincos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4
	Twp. 24N	Rge. 6W
	Is gas actually connected?	When
	Yes	10/83

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

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)

S. Dunn, Operations Manager
(Title)

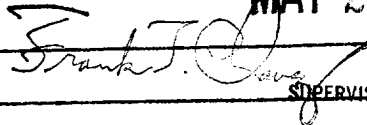
5/31/85
(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 21 1985

BY


SUPERVISOR DISTRICT #3

TITLE

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 deviated 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 changes 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 multiple completed wells.