

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. AUG 13 1985

Operator Merrion Oil & Gas Corporation

Address P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box) OIL CON. DIV.  
DIST. 3

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)  1st delivery of gas 8/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Canyon Largo Unit</u>	Well No. <u>348</u>	Pool Name, including Formation <u>Devils Fork Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF 078874</u>
Location				
Unit Letter <u>L</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>960</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Farmington, New Mexico 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>L 6 24N 6W</u>	<u>Yes 8/1/85</u>

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.

Steve S. Dunn  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)  
8/12/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 13 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 changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.