STATE OF NEW MEXICO ELIERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Dote)

7/26/85

Operations Manger

DISTRIBUTE			
BANTA PE			
PILE			
V.4.0.8.			
LAND DFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFF			

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



OPERATOR			A	ND		- لائار	JUL 2 9 198	15
PROBATION OFFICE	AUTHOR	IZATION TO			AND NATU	RAL GAS	William Com 100	
Ī.							<u> </u>	VIC
Operator						(
Merrion Oil & Gas Cor	poration						a.st. 3	
Address	·							
P. O. Box 840, Farmin	gton, New	Mexico 8	37499					
Reason(s) for filing (Check proper box)				(Other (Please	explain)		
New Well	Change is	n Transporter o	of:					
Recompletion	OII		D ₁	y Gas			÷	
Change in Ownership	Cast:	nghead Gas	c	Condensate 1st delivery of gas 7/26/85				
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AN							<u> </u>	
Lease Name	Well No.	Pool Name, Ir	ncluding F	ormation		Kind of Lease		Lease No.
Canyon Largo Unit	307	Devils	Fork G	allup		State, Federal or Fee	' Federal	SF 078877
Unit Letter I : 185 Line of Section 11 To III. DESIGNATION OF TRANS Name of Authorized Transporter of Ci.	PORTER OF		lange	6W . GAS	, NMPM	Rio Arriba		County to be sent)
The Mancos Corporation				P. O. Box 1320, Farmington, New Mexico 87499				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas 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 Sec	. Twp. 1 24N	Rge. 6W	Yes	ially connecte	•	26/85	
If this production is commingled with NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPLIA	V on reverse s	•		give commi		number:	DIVISION	, and the second
•			• • 1	-				2 8 1585
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.			BY Original Signed by FRANK T. CHAVEZ					
			TITLE SUPERVISOR DISTRICT 来 3					
Atm	$\sqrt{}$			Thi	o form is to	be filed in complic	ance with RUL	E 1104. 8

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.