

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.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. 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
 Casinthead Gas
 Dry Gas
 Condensate

Other (Please explain): Change of field

RECEIVED
JUL 02 1985
OIL CON. DIV.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shoofly	Well No. 1	Pool Name, including Formation Dufers Point Gallup Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 16589
Location Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan Co. County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

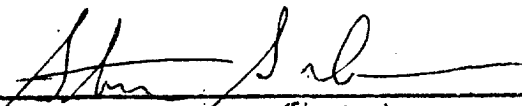
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Oil and Natural Gas Co. NONE	Address (Give address to which approved copy of this form is to be sent) Box 4200, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14	Twp. 24N	Rge. 8W
	Is gas actually connected?		When	
	No		As soon as possible	

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

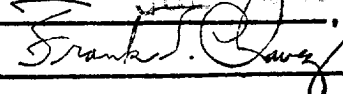
NOTE: Complete Parts IV and V on reverse side if necessary.

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)
Steve S. Dunn, Operations Manager
(Title)
6/28/85
(Date)

OIL CONSERVATION DIVISION

APPROVED  1985
BY _____
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.