

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format OG-01-03
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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

| | |
|------------------------|--|
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| LAND OFFICE | |
| TRANSPORTER | |
| OPERATION | |
| PRODUCTION OFFICE | |

| | |
|--|---|
| Operator Merrion Oil & Gas Corporation | |
| Address P. O. Box 840, Farmington, New Mexico 87499 | |
| Reason(s) for filing (Check proper box) | Other (Please specify) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Castinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

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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. 315 | Pool Name, including Formation Devils Fork Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. SF 07907 |
| Location Unit Letter <u>F</u> : <u>1770</u> Feet From The <u>North</u> Line and <u>1740</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>25N</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"/> | 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 Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 F | Sec. 28 |
| | Twp. 25N | Rgs. 6W |
| | Is gas actually connected? | When 3/83 |

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)
George 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 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 change 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.