

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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FEB 11 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 440, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompleting ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) Change of Operator

If change of ownership, give name and address of previous owner: El Paso Natural Gas Co., P. O. Box 4289, Farmington, New Mexico 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Canyon Land Unit	359	Deer Fork Gallup	State, Federal or Fee Federal	SF 078875
Location Unit Letter: 1595 Feet From Top South Line and 1850 Feet From West Line of Section: 1 Township 25N Range 6W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

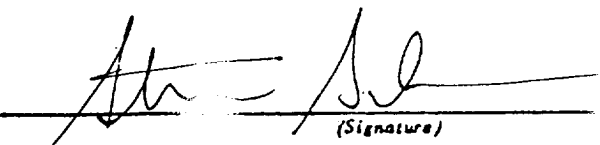
Name of Authorizing Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approval copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499	
Name of Authorizing Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approval copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499	
If well produces liquids, give location of: Unit K Sec. 31	Is gas actually connected? No	

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

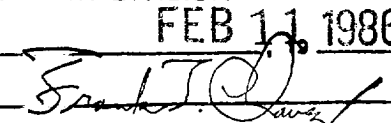
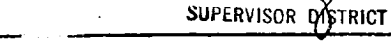
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATION 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)
2/10/86
(Date)

OIL CONSERVATION DIVISION

APPROVED: 
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 recompleting 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.