

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**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  
☒ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain) \_\_\_\_\_

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

RECEIVED  
JUN 14 1985  
OIL CON. DIV.  
DIST. 3

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Jalapeno	Well No. 1	Pool Name, including Formation Dufers Point Gallup Dakota EXT.	Kind of Lease State, Federal or Fee	State	Lease No. LG 1288
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>16</u> Township <u>25N</u> Range <u>8W</u> , NMFM, San Juan County					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

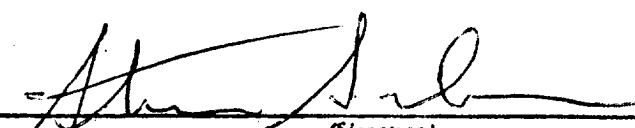
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 <u>C</u> Sec. <u>16</u> Twp. <u>25N</u> Rge. <u>8W</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</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.

  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)  
6/14/85  
(Date)

OIL CONSERVATION DIVISION  
JUN 14 1985  
APPROVED \_\_\_\_\_  
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, transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.