STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE		Ī	
FILE			
U.1.0.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	OAL		
OPERATOR			
PROBATION 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

OPERATOR	1A	ND			
PROBATION OFFICE	AUTHORIZATION TO TRANSP	PORT OIL AND NATUR	AL GAS		
l	····				
Operator Manusian Oil & Con Con		•			
Merrion Oil & Gas Cor	<u>p </u>	· · · · · · · · · · · · · · · · · · ·			
Address D. O. Boy 940 Enymin	ston Novince 07	400			
P. O. Box 840, Farmin	gion, New Mexico 872		·		
Reoson(s) for liling (Check proper box)	Charles to The control of	Other (Please	explains		
 	Change in Transporter of:				
		Dry Gax			
Change in Ownership	Casinghead Gas Co	onden±010	_,		
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND LEA	ASE		Kind of Lease		
1 2000	Well No. Pool Nor. , including Fo				Lease Nc.
Stevenson	2 Dufers Point	<u>Gallup-Dakota l</u>	State, Federal or Fee	<u>Federal</u>	SF-078475
Location					
Unit Letter I : 1960	Feet From The South Line	• and <u>660</u>	_ Feet From The	<u>East</u>	
Line of Section 7 Township	25N Range	8W , нири,		<u>San Juan</u>	County
III. DESIGNATION OF TRANSPORT	<u>ER OF OIL AND NATURAL</u>	. GAS			
Name of Authorized Transporter of CII	or Condensate	Adaress (Cive address to			be sent)
Conoco Transportation	i, Inc.	P. O. Box 1429	, Bloomfield,	NM 8/4/3	
Name of Authorized Transporter of Casinghed	ad Gos or Dry Gos	Address (Give address 1	o which approved copy	of this form is to	· be sent)
If well produces oil or liquids, Unit	Sec. Twp. Rge.	Is gas actually connecte	d? When	** **** · *	Ź
give location of tanks.	I ; 7 ; 25N; 8W	Yes	! 	8/85	
If this production is commingled with that	t from any other lesse or peol.	rive commingling order	number:		
		. , ,			
NOTE: Complete Parts IV and V on	reverse side if necessary.				
	<u></u>	ן מו רו	INSERVATION C	NOISIVI	
VI. CERTIFICATE OF COMPLIANCE			"DEC 10 1997	710101010	
I hereby certify that the rules and regulations of	the Oil Conservation Division have	APPROVED	A		19
been complied with and that the information gives	n is true and complete to the best of	3	1) (2).		
my knowledge and belief.		BY			
	·	SUPERVISION DISTRICT # 3			
Salah Sa		TITLE			
The same of the sa		This form is to	be filed in complian	nce with RULE	1104.
The state of the s			est for allowable for		
(Signature)		well, this form must tests taken on the			
Operations Manager	/ <i>O</i>	\			
DEC TIPLE	ATT & P. A.	able on new and rec	this form must be fli completed wells.	ied out complet	rely for miles-
Pro 10 10		i e	ections 1, 11, 111, 47	nd VI for chang	ces of owner.
(Date)	Dr.	well name or number.			
	0, 50,		C-104 must be file	ed for each poi	of in multiply
•	1900	dimoleted wells.			
w, *	CA, of	Y			
	ON CON DIV	_			•