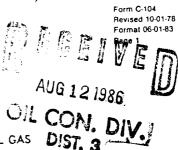
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** {*** ***	11760		
DISTRIBUTION			Ī.,
SANTA PE			
FILE			Ī
V.8.0.4.		I	
L'AND OFFICE		I	
TRANSPORTER	OIL		
	GAL		
OPERATOR :			
PROBATION OFFICE		1	Г

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPO	ORT OIL AND NAT	URAL GAS DIST 3	
			
Operator			
Merrion Oil & Gas Corporation			·
Address			
P. C. Box 840, Farmington, New Mexico 87499			
Reason(s) for filing (Check proper box)	Other (Plea	se explain)	
New Well Change in Transporter of:		2/5/05	
Hecompletion	lst delivery of gas: 8/6/86		
Change in Ownership Casinghead Gas Con	ndensate		
f change of ownership give name and address of previous owner			
and address of previous	•		
II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Well No. Pool Name, including room		State, Federal or Fee Federal	
Hickman 7R S. Gallegos Fri	uitland	Federal	<u> </u>
Location			
Unit Letter A : 500' Feet From The North Line	and	Feet From The East	
One Court			County
Line of Section 3 Township 26N Range 1:	2W , NM	PM. San Juan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate	N20:033 Otto 2021 ct	ss to which approved copy of this form is ss to which approved copy of this form is	
Name of Authorized Transporter of Casinghead Gas 🙀 💮 of Dry Gas 🔝	l .		1
El Paso Natural Gas Co.	Р. О. Вож 428	9. Farmington, New Mexic	0 87499
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually conn	j	
give location of tanks.	Yes	8/5/85	·
If this production is commingled with that from any other lease or pool,	give commingling or	der number:	
NOTE: Complete Parts IV and V on reverse side if necessary.	(1		
COMPLIANCE	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE		AHGI	2,1986
I hereby certify that the rules and regulations of the Oil Conservation Division have	show the cules and regulations of the Oil Conservation Division have APPROVED		
been complied with and that the information given is true and complete to the best of	SUPERVISOR DISTRICT # 3		
my knowledge and belief.			
	TITLE	SUPERV:SUI	A DISTRICT #
j	This fam 1	to be filed in compliance with RU	LE 1104.
	Interioria i	request for allowable for a newly dr	illed or deepened
(Signature) Steve S. Dunn, Operations Manager	well, this form n tests taken on t	nust be accompanied by a tabulation he well in accordance with RULE	n of the deviation
(Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.		
8/11/36 (Date)	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.		