

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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OIL CON. DIV.  
DIST. 3

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U.S.D.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
Merrion Oil & Gas Corporation

Address  
P. C. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well      Change in Transporter of:       Dry Gas

Recompletion       Oil       Condensate

Change in Ownership       Casinghead Gas

1st delivery of gas: 8/6/86

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Hickman	Well No. 7R	Pool Name, including Formation S. Galecos Fruitland	Kind of Lease State, Federal or Fee Federal	Lease No. SF 080384B
Location Unit Letter <u>A</u> : <u>500'</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>26N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead 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)	
El Paso Natural Gas Co.	P. O. Box 4289, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.    Twp.    Rge.
	Is gas actually connected?	When
	Yes	8/5/86

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)

8/11/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_  
BY Frank C. Cury  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT 3

AUG 12 1986

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, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.