STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
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Fit #			
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LAND OFFICE			
TRANSPORTER	011.	<u> </u>	
	BAD		
OPENATOR			
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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TI	RANSPORT OIL AND NATURAL GAS
Operator	
Merrion Oil & Gas Corporation	2 ₁₋₁₀₀
P. O. Pox 840, Farmington, New Mexico &	37499 CON DO
Renson(s) for filing (Check proper box)	Other (Please explain) DICT
New Well Change in Transporter of:	5/3/. 3
Recompletion W Oil	Dry Gas
Change in Ownership Casinghead Gas	Condensate
f clienge of ownership give name and address of previous owner	`
una address of biestons owner	
I. DESCRIPTION OF WELL AND LEASE	'
1.ease Name Well No. Pool Name, Inclu	ding Formation Kind of Lease No.
Paul Palmer 1 Flora Vist	a Mesa Verde Stote, Federal or Fee Communitized
Location	
L 2360 South	Line and . Feet From The West
Unit Letter Feet From Inv	
Line of Section 26 Township 30N Rang	12W , NMPM, San Juan County
THE TOPOLOGICAL LOS CONTROL OF CONTROL OF CHEEN AND STATE	TIDAT CAC
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT	Address (Give address to which approved copy of this form is to be sent)
/	(
The Mancos Corporation Hame of Authorized Transporter of Cosin thead Gas (A) or Dry Gas ()	P. O. Box 1320, Farmington, New Maxica 87499 Address (Give address to which approved copy of this form is to be sent)
· · · · · · · · · · · · · · · · · · ·	(
El Paso Hatural Gas Co.	P. O. Box 4289, Farmington, New Mexico 87499
If well produces oil or liquids,	
	12 Yes
If this production is commingled with that from any other lease or	pool, give commingling order number:
NOTE: Complete Paris IV and V on reverse side if necessary	, N
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	MAN 21 1985
licrehy certify that the rules and regulations of the Oil Conservation Division	have APPROVED 19
been complied with and that the information given is true and complete to the	11
my knowledge and beliet.	BY
1 3 2	TITLE SUPERVISOR DISTRICT # 3
	This form is to be filed in compliance with MUL 2, 1104.
the state	
(Signalwa)	If this is a request for allowable for a newly drillad or deepens well, this form must be accompanied by a tabulation of the deviation
Stree S. Dunn, Operations Manager	tests taken on the well in accordance with MULK 111.
(litte)	All coctions of this form must be filled out completely for allow
1/31/85	able on new and recompleted wells.
(Dat+)	Fill out only Sections I, II, III, and VI for charges of owner well name or number, or transporter, or other such change of condition
	Separate Forms C-104 must be filed for each gool in multiple