

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

**RECEIVED**  
AUG 13 1987  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Merrion Oil & Gas Corp.

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

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

New Well      Change In Transporter of:

Recompletion       Oil       Dry Gas

Change In Ownership       Casinghead Gas       Condensate

Change of Operator

If change of ownership give name and address of previous owner Eagle Petroleum Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eagle Development	Well No. 1	Pool Name, including Formation Franciscan Lakes Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. NM58865
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>FNL</u> Line and <u>2200</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>20N</u> Range <u>5W</u> , NMPM, <u>McKinley</u> 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"/> <u>Manceo Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Farmington, New Mexico 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rce. <u>B</u> <u>18</u> <u>20N</u> <u>5W</u>
Is gas actually connected?	When

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]  
(Signature)  
Operations Manager  
(Title)  
8/11/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] 19 1987  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT \_\_\_\_\_

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.