STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

Manager

Steve S. Dunn, Operaitons

10/26/86

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.4.			
LAND OFFICE			
TRANSPORTER	OIL		Ĺ
I HAMSPORTER	GAS		
OPERATOR			
PRORATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 8750

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

DISTRIBUTION]	OIL CO	ASEKAN	LION DIVISIP) N	-age i	
BANTA FE]		P. O. BO	X 2088	1/7 1		
FILE		P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
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LAND OFFICE		1				7 U ~ (5	'A Prop	
TRANSPORTER OF			5.5	OUECŤ EOG	2 41 1 OWADIE	005		
OPERATOR .	^3 -	REQUEST FOR ALLOWABL AND AUTHORIZATION TO TRANSPORT OIL AN				0" (5>		
PRORATION OFFICE			THORIZATION	TO TRANSF	PORT OIL AND NATU	JRAL GAS	986	
[.		~~	monization					
Operator						0/87.3	ر مرا (۵	
Merrion O	il & Ga	as Corporati	ion					
Address					•			
P. O. Box	840, 1	Farmington,	New Mexico	87499	Other (Pleas	e explaint		
Reason(s) for filing	g (Check pi		_		Oluer (Freus	· ·	The second	1
New Well		Cho	ange in Transport		ry Gas last deli	ivery of gas 10/21,	/86	}
Recompletion		<u></u>	011	= =	ondensate IST GELL	ivery or gas 10/21,	, 00	
Change in Own	nership		Casinghead Gas		ondensure .			
	him give	name			•			
If change of owner and address of pro	renip give	ner						
and addicas of pr					•	•		
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II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo		ormation	Kind of Lease	Lease	No.			
Lease Name		•	State, Federal or Fee	ederal NM249	61			
Pot Mesa		. 1	WC_Me	esaverde		<u> </u>	<u>ederal NM249</u>	04
Location								
Location					. 1000	Feet From The Eas	t.	
Unit Letter	В	:660_Fe	et From The	North_Lin	ne and <u>1980</u>	reet riom ine	<u>~</u>	
							Cou	.n
Line of Section	10	Township	20N	Range	6W , NMPI	м. <u>McKinley Co</u>	•	
Line of Section	10					±		
			OF OUT AND	NIATTID AT	T CAS	•		
III. DESIGNAT	ION OF	TRANSPORTER	OF OIL AND	MATURA	L Address (Give address	to which approved copy of th	is form is so be sens)	
Name of Authorize	d Transpor	ter of OII	or Condensate	نا		i		
}				P. O. Box 1320, Farmington, New Mexico 87499 Address (Give address to which approved copy of this form is to be sent)				
The Manco	os Corp	ter of Casinghead	Gas Gr or Dr	Gas	Address (Give address	to which approved copy of th	is form is to be sent)	
Name of Authorize	ed Ligusbor	tel of Contildinar	X-		0.40	The More	Marica 87490	a
Merrion (OIl & G	as Corporat	ion		IP. O. Box 840	Farmington New	MEXICO 0197	
		'linii	Sec. Twp	. Rge.	is gas actually connec	1		
If well produces of give location of to	onks.	. B	10 20	N : 6W	Yes	10/21/	86	
		- alad with that f	rom env other le	ease or pool,	give commingling ord	er number:		
NOTE: Comp	lete Parts	IV and V on res	verse side if ne	cessary.				
and the second section of the second section (OIL (CONSERVATION DIVI	SION	
VI. CERTIFICA	TE OF CO	OMPLIANCE			O.E.			
			01.6-	Division have	APPROVED	<u> </u>	<u>.T 270.1986</u>	<u> </u>
I hereby certify that	the rules ar	nd regulations of the	e Uil Conservation	Division nave	AFFROVED		777	
been complied with	1.1					· · · · · · · · · · · · · · · · · · ·	1 1 11 1 -	
Decir compile	and that the	information given i	s true and complet	e to the best of	11	Strand.	1(4)/	
my knowledge and	and that the belief.	: information given i	s true and complet	e to the best of	BY	Trank	Jan 2	
my knowledge and	and that the belief.	information given i	s true and complet	e to the best of	BY	SUFE	RVISOR DISTRICT ST 3	
my knowledge and	and that the	e information given i	s true and complet	e to the best of	11	Sura	RVISOR DISTRICT SH 3	
my knowledge and	and that the	information given i	s true and complet	e to the best of	BY			
my knowledge and	and that the belief.	Information given i	s true and complet	e to the best of	TITLE	Suffer to be filed in compliance quest for allowable for a	with RULE 1104.	

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.