## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE			
SANTA FE	T		
FILE			
U.\$.G.4.			
LAND OFFICE			
TRANSPORTER	DIL		
THAME ON LEA	GAS		
OPERATOR			
PROMATION 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 ...

DEC 1 0 1937

Comparison   Com	T	AUTHORIZ	ATION TO TR	ANSPORT O	L AND NATU	RAL GAS	- 4 0 193	7
Reconcist   Total filing (Creek proper bory   New Vell   New Vell   New Vell   Other (Please explain)   New Vell   New Vell   New Vell   Other (Please explain)   Other (Please explain)   New Vell   New Vell   New Vell   New Vell   Other (Please explain)   Other (Please explain)   New Vell   New Vell   New Vell   New Vell   New Vell   Other (Please explain)   Other (Please explain)   New Vell   New Vell   New Vell   Other (Please explain)   Other (Please explain)   New Vell   New Vell   New Vell   Other (New Vell   New Vell   New Vell   Other (New Vell   New Vell   New Vell   Other (New Vell   New	Operator							13 .
Reston(s) for filing (Check proper hory)  New Well New Condens to Change in Transporter of Casinghead Cas Condens to Cond	Merrion Oil & Gas Co	rp.						13 <b>5</b>
Record   Inf I ling   (Cack proper box	Address			1	•			
Change of ownership cive name and address of previous owner   Crasinghead Cas   Condensate		ngton, N	lew Mexico	87499				
Recompletion   Dry Gas   Condensors	Reason(s) for filing (Check proper box)				Other (Please	e explain)		
Change of ownership give name and address of previous owner	New Well	Change in T	ransporter of:			·		
II. DESCRIPTION OF WEIL AND LEASE  Lease Name Pot Mesa  Weil No. Pool Name, including Formation Pot Mesa  Pot Mesa  Weil No. Pool Name, including Formation Pot Mesa  Pot Mesa  Madaged  Location  Unit Letter  C : 465 Feet From The North Line and 1780 Feet From The West  Line of Section 10 Township 20N Range 6W NMPM, McKinley  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil (2) or Concensus Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Costinghased Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Costinghased Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Costinghased Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Costinghased Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Costinghased Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Home of Authorized Transporter of Costinghased Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Howell produces of oil Plaude.  C 10 20N 6W Yes 10/86  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  In this is a request for allowable for a newly diffled or despense with NULE 1104.  If this is a request for allowable for an every diffled or despense with NULE 1104.  All sections of this form must be filled for camplines with nulls able on new and recomplisted wills.  All sections of this form must be filled out completely for allowable for such pool in multiply sections of the such changes of condition on new and recomplisted wills.  Fill out only Se	Recompletion	X OII		Dry Gas	Dry Gas			
II. DESCRIPTION OF WEIL AND LEASE    Lease Name	Change In Ownership	Casing)	nead Cas	Condensate				
Lease Name			· · · · · · · · · · · · · · · · · · ·		<del> </del>			
Pot Mesa	II. DESCRIPTION OF WELL AND LI	ASE						
Location  Unit Letter  C			•	_		į.		1 .
Unit Letter C : 465   Feet From The North Line and 1780   Feet From The West    Line of Section 10   Township 20N   Range 6W   NMPM, McKinley   County    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil ©   Or Concensate   P. O. Box 1429, Bloomfield, NM 87413    Name of Authorized Transporter of Costinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)    If well produces oil or liquids,   Unit   Sec.   Twp.   Rgs.   Is gas actually connected?   When    Give location of tanks.   C   10   20N   6W   Yes   10/86.    If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE   Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.  Operations Manager   Operations of this form must be accompanied by a tabulation of the deviation sets taken on the well in accordance with AULE 111.    All exections of this form must be accompanied by a tabulation of the deviation sets taken on the well in accordance with AULE 111.    All exections of this form must be accompanied by a tabulation of the deviation sets taken on transporters or other such change of condition sets of the control of the form must be filled out completely for allow well name or number, or transporters or other such change of condition sets province or the such change of condition of the form of the devel in accordance with AULE 111.    All exections of this form other such change of condition sets province or transporters or other such change of condition sets province or transporters or other such change of condition sets province or transporters or other such change of condition	Pot Mesa	4	Pot Mesa	Mesaverde	•	State, Federal or Fe	• Federal	NM24964
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil	C 465	_ Feet From	The North	Line and	1780	Feet From The	West	
Name of Authorized Transporter of Cil (X) or Condensate Conoco Transportation, Inc.  Name of Authorized Transportation, Inc.  Name of Authorized Transporter of Cosinchead Gos or Dry Gos Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquide. Unit Sec. Twp. Rge. Is gas actually connected? When give location of tonks.  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.  Operations Manager  DEC 1 (Fift)  (Dete)  Operations Manager  DEC 1 (Fift)  (Dete)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give	Line of Section 10 Townshi	<sub>P</sub> 20N	Range	6W	, NMPN	. McKinley		County
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(Signature)  (Signature)  Operations Manager  Operations Manager  (Date)  (Date)  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 MULE 111.  All sections of this form must be filled out completely for allow able 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 filled for each pool in multiply	been complied with and that the information given is true and complete to the best of my knowledge and belief.		BY	BY				
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