## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			T
BANTAFE			T
FILE			
U. 1.O.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR			
PROMATION OFF			

## 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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

THANSPORTER		REQUEST FO	R ALLOWABLE	F-F 494 3 <sub>4</sub> 4	14103/	.1 1
OPERATOR			ND	Carlotte State		
PROMATION OFFICE	AUTHORIZ	ATION TO TRANS	PORT OIL AND NATU	JRAL GAS	William District	
I				A)	3	
Operator .			•	•	* <del>* * * * * * * * * * * * * * * * * * </del>	
Merrion Oil & Gas C	orp.					
Address				•		
P. O. Box 840, Farm	ington, No	ew Mexico 87	499			ļ
Reason(s) for liling (Check proper box)			Other (Pleas	e explain)		
New Well	Change in T	ransporter of:	1.	1		
Recompletion	X on	D <sub>1</sub>	y Gas			
Change in Ownership	Casingh	eod Cos Co	onden±ate			
			·-··			
If change of ownership give name				•		
and address of previous owner						
u prechimani er nurii AND I	rrich		•	•		
II. DESCRIPTION OF WELL AND I		ool Name, including F	ormation	Kind of Lease		Lease No.
-				State, Federal or	Fee CCC	3
Rita Com	3	Counselors Ga	illup-vakota		FEE	
Location		6 11	1000		11+	
Unit Letter K : 1710	Feet From *	The South Lir	• and1990 ·	Feet From The _	West	
						ļ
Line of Section 15 Towns	hip 23N	Range	6W , NMP	<u>ч,</u>	Rio Arrit	Da County
	•					
III. DESIGNATION OF TRANSPOR			GAS	<del></del>	<del></del>	<del></del>
Name of Authorized Transporter of Cil X	or Cond	iensate 🗀	Adaress (Give address			1
Conoco Transportati	on, Inc.		P. O. Box 142	29, Bloomfiel	d, NM 8/41.	3
Name of Authorized Transporter of Casing	head Gos 🗌	or Dry Gas	Address (Cive address	to which approved o	copy of this form is	to be sent)
				: *		
. U	nii Sec.	Twp. Rge.	is gas actually connec	ted? When,	The Train	
If well produces oil or liquids, give location of tanks.	K ! 15	23N 6W	Yes	į.	8/84	!
<u> </u>						
If this production is commingled with t	hat from any	other lesse or pool,	give comminging orde	er number: ,	<del></del> -	
NOTE: Complete Parts IV and V o	n reverse side	e if necessary.				
			11			
VI. CERTIFICATE OF COMPLIANC	Œ		DIL (	CONSERVATION	DIVISION	
	61 030		1)		<i>.</i>	
I hereby certify that the rules and regulations been complied with and that the information g	of the Oil Consi	complete to the best of	APPROVED		-	, 19
my knowledge and belief.	iven is true and t	complete to the best of	BY	Carried Howard	<i></i>	
,	•		81, 77	VILION DISTR	TCT#3	
11 0	ı		TITLE			
A 1		·	m 1. /	a ha Ulad la come	diance with any	<b>-</b>
/ www when I		This form is to be filed in compliance with AULE 1104.				
(Signature)		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			
Operations Manager				f this form must be	filled out compl	etely for allow-
DEC 10 1975		•	able on new and re			
			Fill out only	Sections I. II. III	, and VI for cha	nges of owner,
(Date)		·	well name or numbe	er, or transporter, of	I OTHEL BRCV CUEV	Te or covatticur