Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

. Forta C-104 Revised 1-1-89 See Instructions at Bolton of Page

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DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERRION OIL & GAS CORPORATION 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: -----Effective 3/1/90 X Dry Gas Recompletion Change in Operator Casinghead Gas [] Condensate [] If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Basin Dakota State, Federal or Fee SF-079086 Canada Mesa 2 Location South Line and 1850 790 Feet From The __ Unit Letter ___ Section 24 Township 24 N 6W , NMPM, Rio Arriba Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Addiess (Give address to which approved copy of this form is to be sent) or Condensate [XX] P.O. Box 4289, Farmington, New Mexico 87499 Meridian Oil, Inc. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas-X or Dry Gas P.O. Box 4990, Farmington, New Mexico 87499 El Paso Natural Gas Company Twp. | Rgc. is gas actually connected? If well produces oil or liquids, Unit When? 24N 6W give location of tanks. I 24 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well | Workover | Deepen | Plug Back | Same Res'v Toit Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Actual Prod. Test - MCI/D Bbls. Condensate/MMCF Length of Test Tubing Pressure (Shut in) Casing Pressure (Shut in) lesting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _____FEB 2.8.1990 31) de/ Signature Operations Manager Tule Steven S. Dunn SUPERVISOR DISTRICT 13 Printed Name 2-26-90 327-9801 (505)Telephone No.

INSTRUCTIONS: This form is to be filled in compliance with Hule 1 tell

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. H. HI, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.