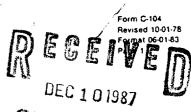
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** (*** ***	41-10		
DISTRIBUTION			
SANTA FE			
FILE			
U.1.0.5.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAD		
OPERATOR			
PROMATION OFFICE		(

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

PROMATION OFFICE	AUTHORIZATION	TO TRANS	PORT OIL A	ND NATU	RAL GAS DIST	. 3	
I.							
Operator			•	•			
Merrion Oil & Gas Co	orp.		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
Address			•				
P. O. Box 840, Farmi	ngton, New Me	exico 87	499				
Reason(s) for liling (Check proper box)			Ot	her (Please	explain)		
New Well	Change in Transpor	ter of:	1.				
Recompletion	X Oii	□ □	ry Gas				
Change in Ownership	Castnahead Ga	. <u> </u>	ondensate				· · · · · · · · · · · · · · · · · · ·
					•		
If change of ownership give name and address of previous owner							
					*		
II. DESCRIPTION OF WELL AND L	EASE						
Lease Name	Well No. Pool Nan	e, including f	ormation		Kind of Lease		Lease No.
Canyon Largo Unit	339 Dev	ils Fork	Gallup		State, Federal or Fee	Federal	_\$ <u>F-78874</u>
Location							
Unit Letter C: 790 Feet From The North Line and 1690 Feet From The West							
	_						
Line of Section 6 Townsh	1p 24N	Range	6W	, NMPM	· Rio Arri	ba	County
	•						
III. DESIGNATION OF TRANSPOR	RTER OF OIL ANI	<u>) NATURA</u>	L GAS	77	- Mak approved con	e of this form is	to be sent!
Name of Authorized Transporter of CII X; or Condensate Address (Give address to which approved copy of this form is to be sent)							
Conoco Transportation	CO Transportation, Inc. P. O. Box 1429, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	head Gas or Dr	y Cas	Address (Gi	ve address i	о шитей арргойев сор	y oj inis jorm is	to be sens,
If well produces oil or liquids, Ur	II Sec. Twp. Ree. Is ges of		ls gas octua	s actually connected? When		•	
give location of tanks.	C 1 6 1	24N 6W	Yes	5		5/84	
If this production is commingled with the	hat from any other 1	erse or pool,	give commin	gling order	r number:		
NOTE: Complete Parts IV and V or	n reverse side if ne	cessary.					
a sa announcement of the same			1]	Oil 40	PAISERVATION	DIVISION	

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

(Dote)

the second second	***	
APPROVED	1	19
The same of the same	San	
BY	on district # 8	
SUPERVISION	ON DIPTER	

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 accompenied by a labulation of the deviation tests taken on the well in accordance with MULE 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 Forma C-104 must be filed for each pool in multiply completed wells.