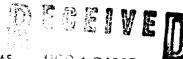
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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



AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DEC 1 0 1987 Operator CILCON. DIV. Merrion Oil & Gas Corp. Address P. O. Box 840, Farmington, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Naw Wall X OII Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner_ II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee FEE 3R Devil Forks Gallup/Mesaverde Edna Location Feet From The North 790 Line and Unit Letter Rio Arriba 24N 6W NMPM Range I ine of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII or Condensate P. O. Box 1429, Bloomfield, NM 87413 Conoco Transportation, Inc Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gos When Is gas actually connected? Ree. Twp. If well produces oil or liquids, 10-84 7 6W D 24N Yes give location of tanks. DHC-535 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

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.

(Signalwe)		
Operations Manager		

(Date)

OIL CONSERVATION DIVISION

DFC 10 198/

SUPERVISION DE OT#3 TITLE

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 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