STATE OF NEW MEXICO ENERIGY AND MINERALS DEPARTMENT

(Daie)

#0. #F ##*** **CETYED				
DISTRIBUTION				
SANTA PE				
FILE				
v # a.t.				
LAND OFFICE				
TRANSPORTER	DIL			
	DAS			
OPERATOR				
PROPATION OFF				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10:01:78 Format 06:01:83

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	rnoration						
Merrion Oil & Gas Co	rporacion					63 63	
P. O. Box 840, Farm		Mexico 874	99		m FRE		
Reason(s) for filing (Check proper box	7			Other (Please	Inl		
New Well	Chang to T	ransporter of:		MAY 2 1 1985		1985	
Recompletion	실애	<u> </u>	Dry Gas	y Gas MAY 21			
Change in Ownership	Casingh	end Gas	Condensate	<u> </u>	OH CON	, DiV.	
If change of ownership give name			ι		DIST.		
and address of previous owner	······································			•			
II. DESCRIPTION OF WELL AN	D LEASE			•			
Lease Name	Well No. P	col Name, including	Formation		Kind of Lease	Ledee No.	
Canyon Largo Unit	182	Devils Fork	Gallup		State, Federal or Fee State	E-809-15	
Lecation							
Unit Letter P : 79	O Feet From	The South	Line and	790	Feet From The East		
01111							
Line of Section 2 To	wnship 24N	Range	7W	, ММРМ	Rio Arriba	County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Cit The Mancos Corporati Name of Authorized Transporter of Co El Paso Natural Gas If well produces oil or liquids, give location of tanks.	On Conc	or Dry Gas Twp. Rge.	P. O. Address P. O.	Box 1320	Farmington, New Me to which approved copy of this for proved copy of this for	xico 87499 rm is to be sent)	
If this production is commingled wi	th that from any	other lease or po	ol. give com	mingling order	r number:	•	
NOTE: Complete Parts IV and			11				
VI. CERTIFICATE OF COMPLIA	NCE		l l	OIL CONSERVATION DIVISION			
			 .	MAY 21,1985.			
I hereby certify that the rules and regular	ions of the Oil Cons	ervation Division ha	ve APPF	OVED		, 19	
been complied with and that the informati my knowledge and belief.	on given is true and	complete to the best	" BY		500 b) ()		
my knowledge and oction				<u> </u>	SUPERVISOR DIST	RÍOT # 3	
<i>i</i> .	1 1		TITL	E	POPERATION WAY	<u>```()</u>	
11-	1 1		7	his form is to	be filed in compliance with	RULE 1104.	
Atum / at			13	If this is a request for allowable for a newly drilled or despense			
•	ature)				t be accompanied by a tabulat well in accordance with MUL		
Stove S. Dunn, Operations Manager (Tab.)			- A	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
5/31/85			12	Fill out only Sections I, II, III, and VI for changes of owner.			
(Date)				wall name or number, or transporter, or other such change of condition.			