

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
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| SANTA FE               |     |
| FILE                   |     |
| U.S.O.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

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

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

RECEIVED  
DEC 04 1985

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
OIL CON. DIV.  
DIST. 3

I.

Operator  
Merrion Oil & Gas Corporation

Address  
P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

|  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain)  
1st delivery of gas 12/02/85.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |   |                        |
|---|----------------|--|---|------------------------|
| Lease Name<br>Canada Mesa   | Well No.<br>3E | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>SF 079086 |
| Location<br>Unit Letter <u>D</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>West</u><br>Line of Section <u>14</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County |                |  |   |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

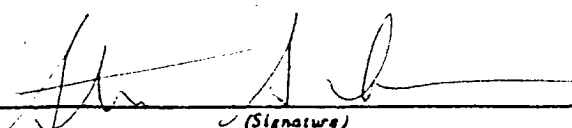
|   |  |                   |
|---|--|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>The Mancos Corporation          | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1320, Farmington, New Mexico 87499 |                   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4289, Farmington, New Mexico 87499 |                   |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br><u>D</u>   | Sec.<br><u>14</u> |
|   | Twp.<br><u>24N</u>   | Rge.<br><u>6W</u> |
|   | Is gas actually connected? <u>Yes</u> When <u>12/02/85</u>   |                   |

If this production is commingled with that from any other lease 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.

  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)  
12/03/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED  DEC 4 1985  
BY  
TITLE SUPERVISOR DISTRICT #3

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 RULE 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 completed wells.