

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

DISTRICT II
P.O. Box 1111, Alameda, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERRION OIL & GAS CORPORATION		Well API No.
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	
Recompletion ☐	Oil ☒ Dry Gas ☐	
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 Sullivan A	Well No. 2	Pool Name, Including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee	Lease No. SF-080384
Location				
Unit Letter D	790	Feet From The North Line and 790	Feet From The East Line	
Section 10	Township 26N	Range 12W	NMIM	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10
	Twp. 26N	Rge. 12W
	Is gas actually connected? Yes When? 11/84	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

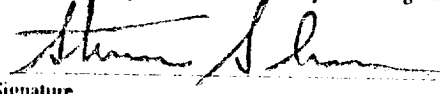
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.H.T.D.			
Elevations (D.F., R.A.H., R.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT			
	CASING & TUBING SIZE							

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

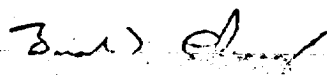
VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
Steven S. Dunn Operations Manager
Printed Name Title
2-26-90 (505) 327-9801
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 28 1990**

By 
Title **SUPERVISOR DISTRICT #3**

INTERESTED PARTIES SHALL BE ADVISED BY MAIL OF ANY CHANGE IN THE ALLOWABLE OR AUTHORIZATION FOR TRANSPORTATION OF OIL AND NATURAL GAS. This shall be accomplished by tabulation of deviation tests taken in accordance with Rule III.

- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.