| SANTA FE  | REDUEST FOR ALLOWABLE                                     |   | HSSION            | Form C-104 Supersedes Old C-1M or Ellective 1-1-65 |            |
|---|---|---|-------------------|--|------------|
| U.S.G.S.  LAND OFFICE   | AND AUTHORIZATION TO TRANSPORT OIL AND NATURA             |   |                   | •  | •          |
| TRANSPORTER OIL GAS   | 1   |   |                   |  |            |
| PRORATION OFFICE  |   | <del></del>   |                   |  |            |
| Merrion Oil & Gas Co  | rporation   |   |                   |  |            |
| P. O. Box 1017, Farm  | ington, New Mexico 8740                                   |   | <del></del>       |  |            |
| Reason(s) for filing (Check proper box  | Change in Transporter of:                                 | Other (Pleas  | r explain)        |  |            |
| Recompletion  | OII X Dry C   | Change  | of transpor       | rter   |            |
| Change in Ownership   | Casinghead Gas Condi                                      | ensate  |                   |  |            |
| If change of ownership give name and address of previous owner  |   | <del> </del>  |                   |  |            |
| DESCRIPTION OF WELL AND   | D LEASE   Well No.: Pool Name, Including Formation   Kind |   | Kind of Leone     | Leone Leon   |            |
| Navajo Tribal 'H' 6 Totah Gallup  |   |   |                   |  | 14-20      |
| Location 183  | 0   | 1830  | <del></del>       |  | 219        |
| Unit Letter G : -650  | Feet From The North Li                                    | ine and 1910  | Feet From The     | East   |            |
| Line of Section 24  | waship 29N Range  | 14W NMPN  | , San Juan        |  | C          |
|   | •   |   |                   |  |            |
| DESIGNATION OF TRANSPORT  | TER OF OIL AND NATURAL G                                  | AS Address (Give address  | to which approved | l copy of this form is                             | io be sent |
| Permian Corporation   |   | P. O. Box 1702  |                   |  |            |
| Nome of Authorized Transporter of Co.   | singhead Gas or Dry Gas                                   | Address (Give address   | to which approved | leopy of this form is:                             | to be sent |
| None  | Unit Sec. Twp. P.ge.                                      | Is gos actually connec  | ed? When          |  |            |
| If well produces oil or liquids, give location of tanks.  |   |   | i                 |  |            |
| If this production is commingled wi   | th that from any other lease or pool                      | , give commingling orde   | r number:         |  |            |
| COMPLETION DATA   | Oil Well Gas Well   | New Well Workover   | Deepen   F        | Plug Back   Same Re                                | s'v. Diff. |
| Designate Type of Completion  |   |   |                   |  |            |
| Date Spudded  | Date Compl. Ready to Prod.                                | Total Depth   |                   | P.B.T.D.   |            |
| Elevations (DF, RKB, RT; GR, etc.;  | Name of Producing Formation                               | Top Oil/Gas Pay   |                   | Tubing Depth                                       |            |
| Ferforations  |   |   | I                 | Depth Casing Shoe                                  |            |
|   | TUBING CASING AN  | ND CEMENTING RECO   |                   |  |            |
| HOLE SIZE   |   |   | ET                | SACKS CEMENT                                       |            |
|   |   |   |                   |  |            |
|   |   |   |                   |  |            |
|   |   |   | i                 |  |            |
| TEST DATA AND REQUEST FOIL WELL   | OR ALLOWABLE (Test must be able for this a                | after recovery of total vol<br>depth or be for full 24 how<br>Producing Method (Flo | a) .              |  | exceed 10  |
| Date First New Cil Run To Tanks   | Dais of tast  | A regulating Warung It to   | -,, 202 **/*/     | ·•   |            |
| Length of Test  | Tubing Pressure   | Casing Pressure   | •                 | Chore Size   | 4          |
| Actual Prod. During Test  | Oil-Bbls.   | Water-Bbls.   |                   | Gas-MCF  |            |
|   |   |   | -                 |  | 3. J       |
| GAS WELL  | Length of Test  | Bbls. Condensate/MMG  | -F                | Granty of Candensas                                | • 3        |
| Actual Prod   | -   |   |                   |  |            |
| Texting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                                 | Cosing Pressure (Shu  | t-in)             | Choke Size   |            |
| CERTIFICATE OF COMPLIANCE   |   | OIL CONSERVATION COMMISSION MAR 3 U 1982  |                   |  |            |
| I hereby certify that the rules and a<br>Commission have been complied w<br>shove is true and complete to the | with and that the information given                       | n II <b>Linkamai</b> Sianea   | by FRANK T. CH.   | AVEZ   | , 1y       |
| PROPERTY IN THE PARTY CONTRACTOR OF THE   |   | § )   | ISOR DISTRICT 第 3 |  |            |

Steve S. Dunn, Operations Manager (Tule)

(Dole)

2/24/82

If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the wall in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I II III and VI for changes of

Fill out only Sections I. H. III, and VI for changes of well name or number, or transporter, or other such change of co

This form is to be filed in compliance with RULE 1104.