STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(****** ******************			
DISTRIBUTIO			
SANTA PE			
PILE			
U.S.a.S.			
L'AND OFFICE			
TRANSPORTER	DIL		
	GAS		
OPERATOR :			
PRORATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 CIS Page 1

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

REQUEST FOR ALLOWABLE

AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
I.	AUTTOR	CIZATION TO TRACSI	ORT OF ARD NATO				
Operator		•					
Merrion Oil & Gas Co	rp.						
Address							
P. O. Box 840, Farmi	ngton,	New Mexico 87	499				
Reason(s) for filing (Check proper box)			Other (Please	e explain)			
New Aeli		n Transporter of:					
Recompletion			y Gaz				
Change in Ownership	X) Carl	nghead Gas Co	ndensate First	delivery of gas			
If change of ownership give name							
and address of previous owner							
H DECCRIPTION OF WELL AND IE	A CT						
II. DESCRIPTION OF WELL AND LE	I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation		ormation	Kind of Lease Lease N			
Corrales	rrales l Pot Mesa Mesaverde		averde	State, Federal or Fee Federal	NM53926		
Location	_=	1 200 1100	<u> </u>		-1-1-1-1-1		
0 465 m s w South was and 1785 san The East							
Unit Letter;	_ reat ric	om TheCin	• and				
Line of Section 3 Township	20N	Range	6W , ммрм	McKinley	County		
1				· .			
III. DESIGNATION OF TRANSPORT	ER 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)				o be sent)			
Name of Authorized Transporter of Casinghead Cas X or Dry Cas Address (Give address to which approved copy of this form is to be			m 89415				
Name of Authorized Transporter of Casinghe	ad Gas [X	or Dry Gas	Address (Give address	to which approved copy of this form is t	o be sent)		
Merrion Oil & Gas Corp. P. O. Box 840, Farmington, N.M. 87499							
If well produces oil or liquids, Unit	Sec	Twp. Rge.	is gas actually connect	ed? When			
give location of tanks.	<u>0 </u>	20N 6W		yes 8/18/88	men transfer of the second		
If this production is commingled with the	t from a	ny other lesse or pool,	give commingling order	r number:			
NOTE: Complete Parts IV and V on							
NOIE: Complete Paris IV and V on	ieverse .	side if necessary.	I I				
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION				
		District Land	APPROVED	AUG 23 1988			
I hereby certify that the rules and regulations of been complied with and that the information give	the Oil C in is true a	nd complete to the best of	APPROVED		18		
my knowledge and belief.			BY				
1				and in the			
TITLE SUPERVISION DISTRICT #				CT # 3			
			This form is to	This form is to be filed in compliance with RULE 1104.			
Am			If this is a request for allowable for a newly drilled or deepened				
(Signature) well, this form must be accompanied by a tabulation of tests taken on the well in accordance with MULE 111.			i the deviation i.				
Operations Manager (Tule)			All sections of this form must be filled out completely for allow-				
8/22/88			able on new and re-		ares of owner		
(Date)			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.				