

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| 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
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Merrion Oil & Gas Corp.

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"/> Oil | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Casinghead Gas | <input checked="" type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | | | |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------|---------------------------------------------------|-----------------------|
| Lease Name Canada Mesa | Well No. 2 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. SF079086 |
| Location Unit Letter I ; 1850 Feet From The South Line and 790 Feet From The East Line of Section 24 Township 24N Range 6W NMPLM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Transportation, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit I Sec. 24 Twp. 24N Rge. 6W Is gas actually connected? Yes When 6/73 |

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)

Operations Manager

RECEIVED
DEC 10 1987
OIL CON. DIV.
DIST. 8

OIL CONSERVATION DIVISION

APPROVED DEC 10 1987, 19
BY
TITLE

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.