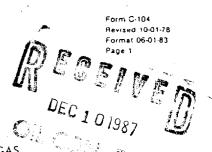
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA



I							<u>'. , </u>
Operator					•	र्व <i>जि</i>	7
Merrion Oil & Gas Co	orp.						
Address				•			
P. O. Box 840, Farm.	ington,	New Mexico	87499				
Reason(s) for filing (Check proper box)				Other (Pleas	e explain)		
New Well	Change 1	n Transporter of:		1.			
Recompletion	X OII	(Dry Gas				
Change in Ownership	Cast	nghead Ga≢	Condensate				
							
If change of ownership give name					•		
and address of previous owner							
II. DESCRIPTION OF WELL AND I	FASE						
Lease Name	Well No.	Pool Name, Inclu	ing Formation		Kind of Lease		Lease No.
Canyon Largo Unit	310	Devils For	k Gallup	•	State, Federal or Fee	Federal	\$F-078874
Location		1					
	Feat Fro	Morth	Lin+ and	1670	Feet From The	East	
Line of Section 4 Townsh	nto 2	.4N Rang	. 6W	, NMPN	. Rio Arrib	a	County
Line of Section							
III. DESIGNATION OF TRANSPOR	TER OF	OIL AND NAT	URAL GAS				•
Name of Authorized Transporter of Cil	or C	ondensals	Address	(Give address	to which approved copy	y of this form is	to be sent)
			P. (D. Box 142	9, Bloomfield,	, NM 8741	13
Conoco Transportati Name of Authorized Transporter of Cosing	head Gos	or Dry Gus I	Addres	(Cive address	to which approved cop	y of this form is	to be sent)
Name of Nutrionized France		_					
U	nii Sec	Twp. Re	re. ls que	actually connec	led? When		······
If well produces oil or liquids, give location of tanks.	G	4 24N	6W	Yes	i	10/83	

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.

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

(Signature)

Operations Manager

OIL CONSERVATION DIVISION

APPROVED_	. 19
40	
BY	 ,

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 labulation of the deviation tests taken on the well in accordance with MULE 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.