## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

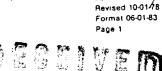
**. ** ****** ******			
DISTRIBUTION			
BANTA FE			
PILE			
U.6.0.8.			
LAND OFFICE			
TRANSPORTER	OIL		
	DAS		
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE



Form C-104

DEC 1 0 1987

AND

FACHATION OFFICE AUTHORIZATION TO TRANSPO	DRT OIL AND NATURAL CON. DIV.			
I.	0/61.3			
Operator Court				
Merrion Oil & Gas Corp.				
Address 9749	0.0			
P. O. Box 840, Farmington, New Mexico 8749	Other (Please explain)			
Reason(s) for filing (Check proper box)				
New Well Change in Transporter of:	Con-			
Recompletion	Gas			
Change in Ownership Casinghead Gas Con	densure			
	• •			
If change of ownership give name and address of previous owner				
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE	Kind of Lease No.			
II. DESCRIPTION OF WELL AND LETTER  Well No. Pool Name, Including For	i i i i i i i i i i i i i i i i i i i			
Canada Mesa Com 4 Devils Fork Ga	llup State, Federal or Fee Federal SF079086			
Location				
North 790 Feet From The East				
Unit Letter A : 790 Feet From The Line				
10 Township 24N Range	6W , NMPM, Rio Arriba County			
Line of Section 10 Township Z4N Adage				
THE PROPERTY OF THE ANGROPTED OF OH AND NATURAL	GAS			
Name of Authorized Transporter of OIL XI or Condensate				
Name of Authorized Hallaports at a 22				
Conoco Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	·			
Unit Sec. Twp. Rge.	Is gas actually connected? When			
If well produces oil or liquids,	Yes 5/84			
alve location of tanks. A 10 241 0W				
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.	II			
COMPLIANCE	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE	640 10 Bd/			
APPROVED				
been complied with and that the information given is true and complete to the	BY			
my knowledge and belief.	Statiston district # 8			
	TITLE S. MILSION DISTRICTS IN			
	This form is to be filed in compliance with RULE 1104.			
And the second s	il			
	the state from must be accompanied by a (abulation of the device)			
(Signalwe)	it tests taken on the well in accordance with NULL it.			
Operations Manager	All sections of this form must be filled out completely for allow			
DEC 1't'''1987	able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of conditions.			
DEO TO 1201				
(Date)	Separate Forms C-104 must be filed for each pool in multiple			
	completed wells.			
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