

|                  |     |
|------------------|-----|
| DISTRIBUTION     |     |
| SANTA FE         |     |
| FILE             |     |
| U.S.G.S.         |     |
| LAND OFFICE      |     |
| TRANSPORTER      | OIL |
|                  | GAS |
| OPERATOR         |     |
| PRORATION OFFICE |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 on  
Effective 1-1-65

Operator  
Merrion Oil & Gas Corporation

Address  
Post Office Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |               |
|---|---------------|--|--|---------------|
| Lease Name<br>Salazar G Com 23  | Well No.<br>1 | Pool Name, including Formation<br>Devils Fork Gallup | Kind of Lease<br>State, Federal or Fee Federal State | Lease<br>0801 |
| Location<br>Unit Letter M : 790 Feet From The South Line and 790 Feet From The West<br>Line of Section 23 Township 25N Range 6W , NMPM, Rio Arriba Co |               |  |  |               |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |              |            |
|---|--|------------|--------------|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>CONOCO, INC. Surface Transportation | Address (Give address to which approved copy of this form is to be sent)<br>555 17th Street, 9th Floor, Denver, CO 80202 |            |              |            |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4289, Farmington, New Mexico 87499 |            |              |            |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>M  | Sec.<br>23 | Twp.<br>25N  | Rge.<br>6W |
|   | Is gas actually connected?   |            | When<br>1/84 |            |

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

V. COMPLETION DATA

|                                      |                             |          |                 |          |        |                   |             |       |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|-------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. |
| 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      |             |       |
| Perforations                         |                             |          |                 |          |        | Depth Casing Shoe |             |       |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |        |                   |             |       |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |             |       |
|                                      |                             |          |                 |          |        |                   |             |       |
|                                      |                             |          |                 |          |        |                   |             |       |
|                                      |                             |          |                 |          |        |                   |             |       |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed testable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

OPERATIONS MANAGER

(Title)

OIL CONSERVATION COMMISSION

APPROVED NOV 02 1984

BY 

TITLE SUPERVISOR DISTRICT # 3

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

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

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