STATE OF NEW MEXICO SMERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.a.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		
OPERATOR .			
PROBATION OFFICE			

Operator

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Merrion Oil & Gas Corporation				
P. O. Box 840, Farmington, New Mexico	87499			
Reason(s) for filing (Check proper box)				
New Well Change in Transporter of:				
— — — —	bry Gas			
Change in Ownership Casinghead Gas	Condensate 0/1 0/85			
Reason(s) for filing (Check proper box) New Well				
N DECEMBEION OF WELL AND LEASE	₹			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including	Formation Kind of Lease Lease No.			
Canyon Largo Unit 307 Devils Fork Gallup State, Federal or Fee SF 078877				
Location				
Unit Letter I : 1850 Feet From The South Li	ne and 790 Feet From The East			
Line of Section 11 Township 24N Range	6W , NMPM, Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Cil Or Condensate	Add: 18 (Give address to which approved copy of this form is to be sent)			
The Mancos Corporation P. O. Box 1320, Farmington, New Mexic				
Name at Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be				
El Paso Natural Gas Co. P. O. Box 4289, Farmington, New Mexico				
If well produces oil or liquids. Que location of tanks. Unit Sec. Twp. Rgs. 1 11 24N 6W	is gas actually connected? When			
If this production is commingled with that from any other lease or pool, give commingling order numbers				
NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUL 95 1000			
ocen complied with and that the information given is true and complete to the best of				
my knowledge and belief.	BY Trank			
, ,	SHOW DAY OF THE STATE OF THE ST			
	TITLE SUPERVISOR DISTORT #3			
1ch la la	This form is to be filed in compliance with RULE 1104.			
11 W~ 13.0	If this is a request for allowable for a newly drilled or deepens			
(Signature) Steve S. Dunn, Operations Manager well, this form must be accompanied by a tabulation of the detects taken on the well in accordance with AULE 111.				
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
7/24/85	Fill out only Sections I, II, III, and VI for changes of owner,			

completed wells.