Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD; Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

MERRION OIL & GAS CORPORATION Address P. O. BOX 840, FARMINGTON, NEW MEXICO 87499 Reason(s) for tiling (Check proper box) New Well Change in Transporter of: Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate Condensat	I.	TO TRA	NSPORT OIL	AND NATURAL GAS		
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Her Idian 9(1), Inc. Her Idian 9(1), Inc. P. O. Box 4289, Farmington, New Nexico 87499	III. DESIGNATION OF TRAN				· 	engenera ja meneraja en
Name of Ausburited Transporter of Casinghead Gas [X] or Dry Gas Address (Give address to which approved copy of this form it to the sens) Mexicon Oll & Gas Corporation If well produces oil or liquids, produces oil or				§		
Mert Onto Otto Farmington, NM 87499 It was a transfer out of the production for lands, Unit Sec. Lwp. Rge pive location of tanks. Unit Sec. Lwp. Rge Pive Rge I/86 If this production is comminged with that from any other lease or pool, give comminging order nameber: V. COMPLETION DATA Designate Type of Completion - (X)	Name of Authorized Transporter of Casing	thead Gas [X]	or Dry Gas	Address (Give address to which	rmington, New	Mexico 8/499
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Actual Prod. During Test Oil - Bbls. Water - Bbls. Water - Bbls. GAS WELL Actual Prod. Test - MCI/D Length of Test Lubing Pressure (Shut in) VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Steven S Dunn Operations Manager Printed Name Title 3 - 26-90 (505) 327-9801 Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Title Title Title SUPERVISOR DISTRICT #3						
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.