

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
Merrion Oil & Gas Corporation

**Address**  
P. O. Box 840, Farmington, New Mexico 87499

**Reason(s) for filing (Check proper box)**  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership

**Change in Transporter of:**  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

**Other (Please explain)**  
JUN 17 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

|                                                                                                                                                                                                                         |                      |                                                                                 |                                                          |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------|
| <b>Lease Name</b><br>Shoofly                                                                                                                                                                                            | <b>Well No.</b><br>2 | <b>Pool Name, including Formation</b><br>Wheeler Point<br>Escrito Gallup Nakota | <b>Kind of Lease</b><br>State, Federal or Fee<br>Federal | <b>Lease No.</b><br>16589 |
| <b>Location</b><br>Unit Letter <u>A</u> : <u>970'</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u><br>Line of Section <u>15</u> Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan County |                      |                                                                                 |                                                          |                           |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|                                                                                                                                                   |                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>The Mancos Corporation | <b>Address (Give address to which approved copy of this form is to be sent)</b><br>P. O. Box 1320, Farmington, New Mexico 87499 |
| <b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                              | <b>Address (Give address to which approved copy of this form is to be sent)</b>                                                 |
| <b>If well produces oil or liquids, give location of tanks.</b><br>Unit <u>A</u> Sec. <u>15</u> Twp. <u>24N</u> Rge. <u>8W</u>                    | <b>Is gas actually connected?</b> <u>No</u> <b>When</b> <u>As soon as possible</u>                                              |

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.

**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.

  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)  
6/13/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 17 1985 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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 tabulation of the deviation tests taken on the well in accordance with RULE 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.

GAS WTL

|                                 |           |                 |               |                                               |            |
|---------------------------------|-----------|-----------------|---------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | 6/9/85    | Date of Test    | 6/12/85       | Producing Method (Flow, pump, gas lift, etc.) | Pumping    |
| Length of Test                  | 24 hours  | Tubing Pressure | 100           | Coating Pressure                              | Choke Size |
| Actual Prod. During Test        | Oil-Bbls. | 26              | Water - Bbls. | Gas - MCF                                     | 48         |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

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