

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION 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

RECEIVED  
DEC 10 1987  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Merrion Oil & Gas Corp.

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                |                 |  |   |                        |
|--------------------------------|-----------------|--|---|------------------------|
| Lease Name<br>Salazar G Com 26 | Well No.<br>1   | Pool Name, including Formation<br>Devils Fork Gallup Ext | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>SF-080136 |
| Location                       |                 |  |   |                        |
| Unit Letter<br>M               | 825             | Feet From The<br>South                                   | Line and<br>810                                   | Feet From The<br>West  |
| Line of Section<br>26          | Township<br>25N | Range<br>6W  | NMPM, Rio Arriba County                           |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |            |             |            |                                   |              |
|--|--|------------|-------------|------------|-----------------------------------|--------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                   |              |
| Conoco Transportation, Inc.  | P. O. Box 1429, Bloomfield, NM 87413                                     |            |             |            |                                   |              |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |            |             |            |                                   |              |
|  |  |            |             |            |                                   |              |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>M  | Sec.<br>26 | Twp.<br>25N | Rge.<br>6W | Is gas actually connected?<br>Yes | When<br>7/83 |

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.

Operations Manager

DEC 10 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
SUPERVISION DISTRICT # 3  
TITLE \_\_\_\_\_

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.