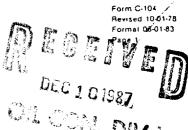
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| **. ** 1**** ****** |     |   |  |
|---------------------|-----|---|--|
| POITEIRTEID         |     |   |  |
| SANTA FE            |     |   |  |
| FILE                |     |   |  |
| U.1.O.4.            |     |   |  |
| LAND OFFICE         |     |   |  |
| TAAHIPORTER         | OIL |   |  |
|                     | DAL | i |  |
| OPERATOR            |     |   |  |
| PROMATION OFFICE    |     |   |  |
|                     |     |   |  |

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



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

REQUEST FOR ALLOWABLE

| OPERATOR   |                         | ٨                      | MD   | The state of the state of               | J. Day            | <b>1</b>          |
|--|-------------------------|------------------------|--|---|-------------------|-------------------|
| PROBATION OFFICE   | AUTHORIZAT              | ION TO TRANS           | PORT OIL AND NATU  | RAL GAS                                 |                   | <del>,</del>      |
| I  |                         |                        |  |   | • 63              | ·                 |
| Operator   |                         |                        |  |   |                   |                   |
| Merrion Oil & Gas Co   | rp.                     | <del> </del>           |  |   |                   |                   |
| Address  |                         |                        |  |   |                   |                   |
| P. O. Box 840, Farmi   | ngton, New              | Mexico 8/              | 1499   |   |                   |                   |
| Reason(s) for filing (Check proper box)  |                         |                        | Other (Pleas   | e explain)                              |                   |                   |
| New Aeli   | Change in Tron          |                        |  |   |                   |                   |
| Recompletion   | X on                    | F.                     | ondensate  |   |                   |                   |
| Change in Ownership  | Casingheo               | 1 Cer                  | ongensate  |   |                   |                   |
| If change of ownership give name   |                         |                        |  |   |                   |                   |
| and address of previous owner  |                         |                        |  |   |                   |                   |
|  |                         |                        | •  |   |                   |                   |
| II. DESCRIPTION OF WELL AND LI   | EASE                    | Name, including f      | or mallon  | Kind of Lease                           |                   | Lease No.         |
| Lease Name   | 1                       |                        |  | State, Federal or Fee                   | Federal           | SF-079139A        |
| Warren G 35  | 2   De                  | evils Fork             | darrup   |   | reactar           |                   |
| Location   |                         |                        |  |   | Г- o+             | ļ                 |
| Unit Letter I : 1650   | _ Feet From The         | . South Li             | ne and <u>DIU</u>  | Feet From The                           | East              | i                 |
|  |                         | _                      | CHC  |   | Dia Anni          | ha County         |
| Line of Section 35 Townshi   | 1p 25N                  | Range                  | 6W , NMP   | u,                                      | Rio Arri          | Da County         |
|  |                         |                        | T C 1 C  |   |                   |                   |
| III. DESIGNATION OF TRANSPOR   | or Conden               | AND NATURA             | L GAS  | to which approved cop                   | y of this form is | to be sent)       |
| Name of Authorized Transporter of Cil X  |                         | 34.10                  |  | 29, Bloomfield,                         |                   |                   |
| Conoco Transportatio   | on, Inc.                | or Dry Gas [ ]         | 1 actions (Give address  | to which approved cop                   | y of this form is | 10 be sent)       |
| Name of Authorized Transporter of Cosingh  | .edu Gos [              | . 5., 643              |  |   |                   | į                 |
| , Un   | 11 , Sec.               | Twp. 'Rge.             | is gas actually connec   | 1067 When                               |                   |                   |
| If well produces oil or liquids,   | I 35                    | 25N 6W                 | Yes  | i                                       | 1/82              |                   |
| give location of tanks.  |                         | <u> </u>               |  |   |                   | <del></del>       |
| If this production is commingled with th   | iet from any oth        | ner lesse or pool      | , give commingling order   | er number:                              |                   |                   |
| NOTE: Complete Parts IV and V on   | u reverse side i        | f necessary.           |  |   |                   |                   |
| NOTE. Complete 1 and 17 and 7 of   |                         |                        | 11   |   |                   |                   |
| VI. CERTIFICATE OF COMPLIANCE  | E                       |                        | OIL (  | CONSERVATION                            | DIVISION          |                   |
|  |                         |                        |  | ULU                                     |                   | 10                |
| I hereby certify that the rules and regulations of<br>been complied with and that the information gi   | of the Oil Conserv      | ation Division have    | APPROVED   |   | `                 | ., 19             |
| my knowledge and belief.   | ven is true and cor     | inplete to the best of | BY 2   | A & Same                                |                   |                   |
| ,  |                         |                        | SUPER  | VISION DE                               |                   |                   |
| E Property   | F a                     |                        | TITLE  | * * Section on Section (* )             |                   |                   |
| and the same of  | t = U                   |                        | This form is to be filed in compliance with RULE 1104.             |   |                   |                   |
| The state of the s | رساعت المحر المريخ فوال |                        | If this is a request for allowable for a newly drilled or deepened |   |                   |                   |
| (Signature   | ,                       |                        | well, this form mu   | st be accompanied by well in accordance | y = tebulation    | of the deviation  |
| Operations Manager   |                         |                        |  | this form must be f                     |                   |                   |
|  | 1007                    |                        | able on new and r  | ecompleted wells.                       | Live out comp     | 11(11) 101 #110#1 |
| DEC '1"0' 1987   |                         | Fill out only          | Sections 1. II. III.   | and VI for ch                           | anges of owner,   |                   |
| (Date)   |                         | well name or numb      | er, or transporter, or o   | ther such chai                          | nge of condition  |                   |

completed wells.