

|                  |     |  |
|------------------|-----|--|
| SANTA FE         |     |  |
| FILE             |     |  |
| U.S.G.S.         |     |  |
| LAND OFFICE      |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 on  
Effective 1-1-65

Operator  
Merrion Oil & Gas Corporation  
Address  
Post Office Box 1017, Farmington, New Mexico 87499

|  |   |
|--|---|
| Reason(s) for filing (Check proper box)      | Other (Please explain)  |
| New Well <input type="checkbox"/>            | Change in Transporter oil <input type="checkbox"/>                          |
| Recompletion <input type="checkbox"/>        | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |                   |
|--|---------------|--|--|-------------------|
| Lease Name<br>Salazar G 34   | Well No.<br>3 | Pool Name, Including Formation<br>Devils Fork Gallup | Kind of Lease<br>State, Federal or Free<br>Federal | Lease<br>SF 08013 |
| Location<br>Unit Letter <u>E</u> : <u>1650'</u> Feet From The <u>North</u> Line and <u>980</u> Feet From The <u>West</u><br>Line of Section <u>34</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba |               |  |  |                   |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |             |            |                                  |                             |
|---|--|------------|-------------|------------|----------------------------------|-----------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>CONOCO, INC. Surface Transportation | Address (Give address to which approved copy of this form is to be sent)<br>555 17th Street, 9th Floor, Denver, CO 80202 |            |             |            |                                  |                             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4289, Farmington, New Mexico 87499 |            |             |            |                                  |                             |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>E  | Sec.<br>34 | Twp.<br>25N | Rge.<br>6W | Is gas actually connected?<br>No | When<br>As soon as possible |

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

|                                      |                             |                 |           |          |                   |        |           |             |          |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|-------------------|--------|-----------|-------------|----------|
| Designate Type of Completion - (X)   |                             | Oil Well        | Gas Well  | New Well | Workover          | Deepen | Plug Back | Same Res'y. | Diff. P. |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     |           |          | P.B.T.D.          |        |           |             |          |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay |           |          | Tubing Depth      |        |           |             |          |
| Perforations                         |                             |                 |           |          | Depth Casing Shoe |        |           |             |          |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |           |          |                   |        |           |             |          |
| HOLE SIZE                            | CASING & TUBING SIZE        |                 | DEPTH SET |          | SACKS CEMENT      |        |           |             |          |
|                                      |                             |                 |           |          |                   |        |           |             |          |
|                                      |                             |                 |           |          |                   |        |           |             |          |
|                                      |                             |                 |           |          |                   |        |           |             |          |

IV. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of gas or oil to or exceed top  
able for this depth or be for full 24 hours)

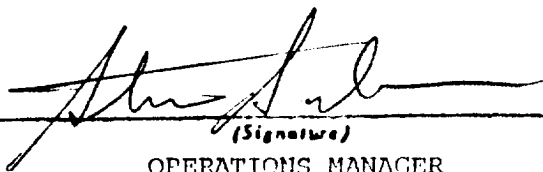
|                                 |                 |  |            |
|---------------------------------|-----------------|--|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                              | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size            |

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Commission have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

  
(Signature)  
OPERATIONS MANAGER

(Title)  
October 30, 1984

OIL CONSERVATION COMMISSION

APPROVED NOV 2 1984, 19  
BY Frank J. Davis  
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 deep  
well, this form must be accompanied by a tabulation of the devi  
lense taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for a  
able on new and recompleted wells.