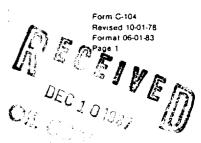
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** *** ***	41780		
DISTRIBUTE			
SANTA FE	T		
FILE			
U.1.0.4.			
LAND OFFICE			
TAANIPORTER	DIL		
	GAB		
OPERATOR			
PROMATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION	1 IO IRANS	FOR FOIL	- AND NATU	KAL GAS		9		
Operator							-		
Merrion Oil & Gas Cor	p.				···-				
Address									
P. O. Box 840, Farmir	igton, New Me	exico 87	499	To.:	······································				
Reason(s) for filing (Check proper box)				Other (Please explain)					
New Well	Change in Transpor	$\overline{}$							
Recompletion Change in Ownership	Casinghead Ca	~	Ory Gas						
Change in Content and				ł					
If change of ownership give name					•				
and address of previous owner		·	····		·				
II. DESCRIPTION OF WELL AND LEASE									
Lease Name		Name, Including Formation		· · · · · · · · · · · · · · · · · · ·	Kind of Lease		Lease No.		
Canyon Largo Unit	326 Devi	ils Fork (Gallup se		State, Federal or	F•• Federal	SF078875		
Location							-		
Unit Letter C : 790	Feet From The	North Lin	e and	1650	Feet From The	West			
						· · · · · · · · · · · · · · · · · · ·			
Line of Section 33 Township	25N	Range	6W	, ММРМ	, Rio Ar	riba	County		
III. DESIGNATION OF TRANSPORT			GAS						
Name of Authorized Transporter of Oil \(\) or Condensate \(\) 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 or Dry Gas Address (Give address to which approved copy of this form is to be sent)							10 ha canti		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)									
Unit	, Sec. Twr	p. 'Rge.	ls pas ac	unally connects	od? When				
If well produces oil or liquids,							,		
give location of tanks. C 33 25N 6W Yes 2/84									
If this production is commingled with the	t from any other i	esse or pool,	give comr	ningling order	. unmper:				
NOTE: Complete Parts IV and V on	reverse side if ne	cessary.							
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have		APPROVED 19							
been complied with and that the information given is true and complete to the best of									
my knowledge and belief.			BY		<u> </u>				
the second secon	,		TITLE	SUPERV	TE TON THE	11/3			
fill town for the former			This form is to be filed in compliance with RULE 1104.						
(Signature)		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							
Operations Manager			tests taken on the well in accordance with MULE 111.						
The second secon		All sections of this form must be filled out completely for allowable on new and recompleted wells.							
DEC 10"1987			Fill out only Sections I. II, III, and VI for changes of owner,						
(Date)				well name or number, or transporter, or other such change of condition.					
			Se	parate Forms	C-104 must be	filed for each p	ool in multiply		

completed wells.