

SANTA FE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 on Effective 1-1-65	
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRODUCTION OFFICE					
Operator Merrion Oil & Gas Corporation					
Address Post Office Box 1017, Farmington, New Mexico 87499					
Reason(s) for filing (Check proper box)					
New Well	<input type="checkbox"/>	Change in Transporter oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		
Other (Please explain)					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease	
South Huerfano	1	Dufers Point Gallup Santa	State, Federal or Fee Federal NM	13751	
Location					
Unit Letter	M	: 790	Feet From The South	Line and 890	Feet From The West
Line of Section	35	Township	25N	Range	8W
, NMPM, San Juan					
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, INC. Surface Transportation				555 17th Street, 9th Floor, Denver, CO 80202	
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, give location of tanks.	Unit	Sec.	Twp.	Page	Is gas actually connected? When
	M	35	25N	8W	No
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
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	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)			
Length of Test	Tubing Pressure	Casing Pressure		Well Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF	
NOV 02 1984					
OIL CON. DIV.					
DIST. 3					
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	
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 02 1984					
BY					
SUPERVISOR 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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for all wells on new and recompleted wells.					