STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

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LAND OFFICE		
OIL		
GAB		
OPKHATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

Form C-104 Revised 10:01-78 Format 06-01-83

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

	State of the state	
TRANSPORTER OIL REQUEST FOR	ALLOWABLE	
OPKHATOR AN	ID State of the st	
PROBATION OFFICE AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS & A TRANSPORT	
I.		
MERRION OIL & GAS CORP.	Oll con	
Address	T. R. a.	
P. O. Box 840, Farmington, N.M. 87499	\b ioi, ij	
Reason(s) for liling (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
Recompletion UII Upp	y Gaz	
Change in Ownership Casinghead Gas Co	New Pool	
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE		
Well No. 1 Pool Nome, including 7 C	rmation Kind of Lease Lease No.	
WAW Fruitland	Pictured Cliffs State, Federal or Fee Federal NM33047	
Hi Roll ! 2 Sand		
	and 1850 Feet From The West	
Line of Section 35 Township 27N Range 1	3W , NMPM, San Juan County	
NOTE OF AUTHORIZED TRANSPORTER OF OIL AND NATURAL		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P. O. Box 990, Farmington, N.M. 87499	
Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Yes 6/17/80	
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	OIL CONSERVATION DIVISION	
	APPROVED JAN 09 1989 19	
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.	BY	
/ .	TITLE SUPERVISION DISTRICT # 3	
M = M = M = M = M = M = M = M = M = M =	This form is to be filed in compliance with RULE 1104.	
	If this is a request for silowable for a newly drilled or despende	
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Operations Manager (Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
1/4/89	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.	

completed wells.