

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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MAY 28 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator Merrion Oil & Gas Corp. | |
| Address P. O. Box 840, Farmington, New Mexico 87499 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate Change of Operator |

If change of ownership give name and address of previous owner Texaco Inc.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|----------------------|
| Lease Name Dome Federal 21-27-13 | Well No. 1 | Pool Name, including Formation WAW Fruitland/Pictured Cliffs | Kind of Lease State, Federal or Fee Federal | Lease No. NM10434 |
| Location Unit Letter <u>E</u> ; <u>1460'</u> Feet From The <u>North</u> Line and <u>950'</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>27N</u> Range <u>13W</u> , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| 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. Rge. Is gas actually connected? When |

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

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.

[Signature]
(Signature)
Operations Manager
(Title)
5/27/87
(Date)

OIL CONSERVATION DIVISION
MAY 28 1987

APPROVED [Signature]
BY [Signature]
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.