

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Merrion Oil & Gas Corporation

Address  
P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Charley	Well No. 2	Pool Name, including Formation Gallegos Gallup <del>Extension</del>	Kind of Lease State, Federal or Fee	Lease No. NOO-C-1-24-7473
Location Unit Letter <u>O</u> , <u>490</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u>	Line of Section <u>21</u>	Township <u>27N</u>	Range <u>13W</u>	County <u>San Juan</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499
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 O	Sec. 21	Twp. 27N	Rge. 13W	Is gas actually connected? No	When As soon as possible
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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.

IV. 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)  
Steve E. Dunn, Operations Manager  
(Title)  
5/21/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED  MAY 21 1985  
BY  
TITLE SUPERVISOR DISTRICT # ?

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 change 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.