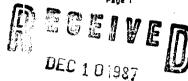
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Ī
SANTA FE			
FILE		·	
U.1.0.4.			
LAND OFFICE			
TRANSPORTER	DIL		
	Q A &		
OPERATOR			
PROMATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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



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

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GASAL CONTRACTOR		
·			
Operator	A STATE OF THE STA		
Merrion Oil & Gas Corp.			
\ddress .			
P. O. Box 840, Farmington, New Mexico 874	499		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion X OII Dr	y Gas		
Change in Ownership Casinghead Cas Co	ondenzate		
Change of ownership give name	·		
nd address of previous owner			
I. DESCRIPTION OF WELL AND LEASE	·		
Lease Name Well No. Pool Name, including Fo	, IIIUIUI I		
Charley J 1 Gallegos Gallu	up Ext. State, Federal or Fee NOO-C-14-20-7481		
Location			
Unit Letter M : 990 Feet From The South Lin	e and 990 Feet From The West		
Unit Letter M : 990 Feet From The SOULT Lin			
Line of Section 21 Township 27N Range	13W , NMPM. San Juan County		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Cil X 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)		
Unii Sec. Twp. Rec.	is gas octually connected? When		
If well produces oil or liquids, give location of tanks. M 21 27N 13W	Yes 11-3-87		
this production is commingled with that from any other lesse or pool,	give commingring evect number.		
NOTE: Complete Parts IV and V on reverse side if necessary.			
	OIL CONCEDIATION DIVIDION		
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPROVED, 18		
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of			
my knowledge and belief.	BY		
	•		
	TITLE SUPERIOR DESTRICTS		
	This form is to be filed in compliance with MULE 1104.		
The state of the s	If this in a request for allowable for a newly drilled or deepene		
(Signature)	well, this form must be accompanied by a tabulation of the deviation		
Operations Manager	tests taken on the well in accordance with AULE 111.		
	All sections of this form must be filled out completely for sllow able on new and recompleted wells.		
DEC 1071967	1}		
(Date)	Fill out only Sections 1. II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition		

completed wells.