STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** * **			
DISTAIRUTE			
SANTA FE			
FILE			
U.8.0.8.			
LAHO OFFICE			
THANSPORTER	OIL		
INAMEPONIEN	G A E	•	
OPENATOR			
PROKATION GEFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

Format 06-01-83

Form C-104 Revised 10-01-78

U.8.0.8.	SANI	A FE, NEV	MEXICO	6750.		1 1 1 1
LAND OFFICE					L L	- # #
TRANSPORTER GAS .		REQUEST FOR			DEC 1 0 1987	
OPERATOR	AUTHORIZATIO	Al	ND			
PROKATION GFFICE	AUTHORIZATIO	IN TO TRANSF	PORT OIL A	IUTAN DE	RAL GRO SOLON STAND	1
I					10107 3	1 /
Operator		•			136	
Merrion Oil & Gas	Corp.		•			
Address						4
P. O. Box 840, Far	rminaton. New 1	Mexico 87	499		į	
Reason(s) for filing (Check proper box)				her (Please	explain);	
	Change in Transp	netes al:		,		
New Well					į.	
Recompletion	U 011	=======================================	Y Cas		ŧ	
Change in Ownership	Casinghead C	X C	ondensale !			
If change of ownership give name				•	į.	
and address of previous owner						
					4 .	
II. DESCRIPTION OF WELL AND	Well No. Pool No	Including F	ntmatten		Kind of Lease	Lega# N
Lease Name	i l				State, Federal or Fee	
Osborne	· 1 Flo	<u>ira Vista N</u>	<u>Mesaverde</u>		31010, 7 000101 01 1 00	FFE .
Location			H	(C)	•	
M . 790	Feet From The_	South G	. and 99	er	Feet From The West	<u> </u>
Unit Letter : 750	reet from the_				 .	
22 -	mahip 30N	Range	12W	, NMPN	ς Şan Juan	Count
Line of Section 22 Tow	mahip 30N	Adilde	12M			
					•	
IIL DESIGNATION OF TRANSP	ORTER OF OIL AN	<u> NATURAI</u>	L GAS		to which approved copy of this for	em is to be sent!
Name of Authorized Transporter of Cil	cr Condenso	te (X)	H:			
Conoco Transporta	tion, Inc.		P. O.	30x 142	9, Bloomfield NM 8	7413
Name of Authorized Transporter of Cas	inghead Cas or	Dry Gas	Address (Ci	ve oddress	to which approved copy of this for	rm is to be sent)
Name of Authorized Tremspersor	_		ļ			
	1	wp. Rge.	is gas ectua	liv connect	led? When's	
If well produces oil or liquids,			1			
give location of tanks.	M 22	30N 12W	! Y∈	<u>:S</u>	4/61	
If this production is commingled wit	th that from any other	lesse or pool.	give commin	gling orde	er number:	
NOTE: Complete Parts IV and I	V on reverse side if i	necessary.				
			1 .	חוו ר	CONSERVATION DIVISIO	N
VI. CERTIFICATE OF COMPLIA	NCE		1	الله ل	DECINE ON SHOOM	
		. p	10000	·==:	1A " /	19
1.1 1	ons of the Oil Conservati	ion Division have	H APPROV	/ [: []		, ',

VI. (

been complied with and that the information given is true and complete to the best of my knowledge and belief.

Operation: Manager

	R-A C	, _,, _ ,	•	
APPROV	ED June ()	- Alexander		19
BY		ON DISTRICT	r#3	
T. T. C	6			

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULK 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 filled for each pool in multiply completed wells.