

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Merlin Exploration, Inc.

P.O. Box 3164 - Tulsa, OK 74101

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Sun Exploration and Production Co. - P.O. Box 2800 - Dallas, TX 75221-2

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State CV "B"	Well No. 2	Pool Name, including Formation Chaveroo - San Andres	Kind of Lease State, Federal, or Free State	Lease No. 800169
Unit Letter S	660	Feet From The S	Line and 1840	Feet From The E
Line of Section 31	Township 7S	Range 33E	N.M.P.M. Roosevelt	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorizing Transporter of Oil ☒ or Condensate ☐ Mobil Oil Corp. Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 - Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service	Address (Give address to which approved copy of this form is to be sent) P.O. Box 30 - Tulsa, OK 74102
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

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)

President
(Title)

1-4-85
(Date)

OIL CONSERVATION DIVISION

FEB 15 1985

APPROVED _____, 19

BY _____
DISTRICT SUPERVISOR

TITLE _____

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 multiple completed wells.

RECEIVED

JAN 11 1985

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OF JUSTICE