

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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

Operator
Merlin Exploration, Inc.
Address
P.O. Box 3164 - Tulsa, OK 74101

☐ New Well	Change in Transporter of: ☐ Oil ☐ Casinghead Gas	Other (Please explain) 	
☐ Recompletion			☐ Dry Gas
☒ Change in Ownership			☐ Condensate

If change of ownership give name and address of previous owner Sun Exploration and Production Co. - P.O. Box 2800 - Dallas, TX 75221-28

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>State of B A/C 1</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Bagley, N. Penn. Sand</u>	Kind of Lease <u>Lease</u>
Unit Letter <u>660</u>	Feet From The <u>W</u> Line and <u>1980</u> Feet From The <u>S</u>	County <u>Lea</u>	
Line of Section <u>10</u>	Township <u>12S</u>	Range <u>33E</u>	NMPM

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Gulf Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 - Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Warren Pet.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2063 - Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks.	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]
(Signature)
President
(Title)
1-4-85
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 15 1985
BY ORIGINAL SIGNED BY JERRY SEXTON
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 multiply completed wells.

RECEIVED

JAN 11 1985

O.C.D.
HOSES OFFICE