

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-83

Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Rita	Well No. 2	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease Fee
Location Unit Letter 0 : 980 Feet From The South Line and 1820 Feet From The East Line of Section 5 Township 23N Range 6W, NMPM, Rio Arriba Co				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, New Mexico 87401					
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 0	Sec. 5	Twp. 23N	Pge. 6	Is gas actually connected? No	When As soon as possible

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. <input type="checkbox"/>
Date Spudded 2/5/82	Date Compl. Ready to Prod. 4/10/82		Total Depth 5620' KB		P.B.T.D. 5575' KB			
Elevations (DF, RKB, RT, GR, etc.) 6773 GL 6786 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5292		Tubing Depth 5265' KB			
Perforations 5292 - 5504' KB .340" Total 28 holes					Depth Casing Shoe 5620' KB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	228' KB	175 sx
7-7/8"	4-1/2"	5620' KB	175 sx Class H 2% D
			600 sx Class B 2% I
			100 sx Class H 2% D

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

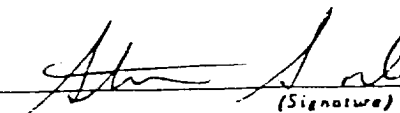
Date First New Oil Run To Tanks 4/10/82	Date of Test 4/11/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 18 hours	Tubing Pressure 30 PSIG	Casing Pressure 350 PSIG	Choke Size 1/4"
Actual Prod. During Test	Oil-Bbls. 131 BP/D (est. 24 hrs)	Water-Bbls. -0-	Gas-MCF 180MCF/D (est. 24 hr)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Commission have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.


(Signature)

Steve S. Dunn, Operations Manager
(Title)

4/13/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of conc