SANTA FE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G					roim C+LU4 Superiedes Old C+104 on: Elloctivo 1+1+65			
FILE									
U.S.G.S.						:AS			
LAND OFFICE									
TRANSPORTER GAS									
OPERATOR									
PROPATION OFFICE									
Operator	L						····		
Merrion Qil & Gas Corpor	ration								
Address					-/				
Post Office Box 1017, Fa	armington, New Mo	exico 87	499						
Resson(s) for liling (Check proper box)	,	······································	10	Other (Please	resplain)		1		
New Well	Change In Transpor	Change in Transporter als				•			
Recompletion	OII X	OII XX Dry Gen							
Change in Ownership	Cosinghead Gas	Conder	na ate	_					
f change of ownership give name and oddress of previous owner	FASE				para and delittle serve on the delite serve		·····		
Lesse Name	Well No. Pool Non	prinction Kind of Leose					L		
Rita Com.	2 Couns	elors GA1	1up-Dako	ta	State, Federa	lorF•• Fee			
Location					J				
Unit Letter 0 : 980	Feet From The S	outh 1.	se and	820	Feet From '	Eas	t		
Unii Letter 0 : 980						.,,,			
Line of Section 5 Tow	mahip 23N	Range	6W	, имры	, Rio A	rriba		Con	
DESIGNATION OF TRANSPORT	ER OF OIL AND N	ATURAL GA	S						
Name of Authorized Transporter of Oil			Address (C	ive address	to which appro	ved copy of this	form is to be	e sent)	
CONOCO, INC. Surface Transportation			555 17th Street, 9th Floor, Denver, CO 80202						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Comp	P.O. Box 990, Farmington, New Mexico 87499					+99			
If well produces oil or liquids, Unit , Sec. Twp. P.ge.			la gas actually connected? When						
give location of tanks.	0 5 2	23N 6W	Yes			7/27/83			
I this production is commingled with COMPLETION DATA	h that from any other l	ease or pool,	give commi	ngling orde	r number:				
Designate Type of Completion	n - (X)	Gas Well	New Well	Wurkovet	Deepen	Plug Back	Same Restv.	Dill. A	
	Date Compl. Ready to P		Total Dept	<u>_</u>	i	P.B.T.D.		<u> </u>	
Date Spudded	Date Compiler record to r		10.0.00	•••					
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation		Top Ott/Gas Pay			Tubing Depth			
riorations					Depth Casing Shoe				
		a salaga agençagarin yerin i saksalagan agen miser n		n i yer yane maa teena ayit e		1			
	TUBING,	CASING, AND	CEMENT	ING RECOP	≀D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
						_		······································	
				and the second s	- Marie angle angles angles and a state of the state of t				
	1		i			i			

TEST DATA AND REQUEST FOR ALLOWABLE.

OII, WELL.

Date First New Oil Run To Tanks

Date of Test

Length of Test

Tubing Pressure

Casing Pressure

Casing Pressure

Casing Pressure

NOV 02 1984 Gas-MCF

OIL CON. DIV.

GAS WELL

Actual Prod. Teet-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIA

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.

(Title)

October 30

OPERATIONS MANAGER

1984

OIL CONSERVATION COMMISSION

APPROVED NOV 02 1984

BY Swap was 1984

PHARMISON INTO SEC. 2

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

If this is a request for allowable for a newly drilled or deeps well, this form must be accompanied by a labulation of the deviation taken on the well in accordance with NULE 111.

All sertions of this form must be filled out completely for all able on new and recompleted wells.