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|-------------------|-----|--|
| SANTA FE | | |
| FILE | | |
| U.S.C.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-65

| | | |
|---|---|-------------------------------------|
| Operator Merrion Oil & Gas Corporation | | |
| Address Post Office Box 1017, Farmington, New Mexico 87499 | | |
| Reason(s) for filing (Check proper box) | Change in Transporter oil | Other (Please explain) |
| New Well <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | | |

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----|
| Lessee Name Rita Com | Well No. 3 | Pool Name, including Formation Counselors' Gallup-Dakota | Kind of Lease State, Federal or Fee | Fee |
| Location Unit Letter <u>K</u> : <u>1710</u> Feet From The <u>South</u> Line and <u>1990</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>23N</u> Range <u>6W</u> , NMPM, Rio Arriba | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|-------------|------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO, INC. Surface Transportation | Address (Give address to which approved copy of this form is to be sent) 555 17th Street, 9th Floor, Denver, CO 80202 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Dugan Production Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 208, Farmington, New Mexico 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 15 | Twp. 23N | Rge. 6W | Is gas actually connected? Yes | When 8/11/84 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Dill. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |

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OIL CON. DIV.
DIST. 3

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.

OPERATIONS MANAGER

(Title)

October 20, 1984

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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

If this is a request for allowable for a newly drilled or deep
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.