

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-1.
FILE	AND	Effective 1-1-63
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator	Merrion Oil & Gas Corporation
Address	P. O. Box 1017, Farmington, New Mexico 87499
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 _____

DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Margarita Com	1
Pool Name, Including Formation	Kind of Lease
Counselors Gallup	State, Federal or Fee Federal
Lease No.	
NM 23738	
Location	
Unit Letter H	: 1820 Feet From The North Line and 810 Feet From The East
Line of Section 15	Township 23N Range 6W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1702, Farmington, New Mexico 87499					
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)					
Negotiating						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	15	23N	6W	No	As soon as possible

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/12/83	7/6/83	5700' KB	5692' KB					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6962' KB, 6949' GL	Gallup		5306' KB					
Perforations	5348, 4 holes; 5652 - 5660, 5 holes; 5578, 5580, 5582, 5584, 5586	Depth Casing Shoe						
5305 - 5309, 3 holes; 5333 - 5337, 3 holes; 5625, 5630, 1 hole each; 5443		1 each.	5700' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	213' KB	170 sx (350.2 cu. ft.)					
7-7/8"	4-1/2"	5700' KB	225 sx (275.5 cu. ft.)					
			700 sx (1442 cu. ft.)					
	2-3/8"	5306' KB	100 sx (122 cu. ft.)					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/5/83	7/7/83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	80	250	1/2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	28	-0-	56

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED JUL 8 1983
Signature	BY Original Signed by FRANK T. CHAVEZ
Steve S. Dunn, Operations Manager	TITLE SUPERVISOR DISTRICT # 3
7/7/83	This form is to be filed in compliance with RULE 1104.
(Date)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
	All sections of this form must be filled out completely for all wells on new and recompleted wells.
	Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
	Separate Forms C-104 must be filed for each pool in multi-