

SANTA FE		REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-105 Effective 1-1-83	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
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 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 checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
				1st Delivery of Gas 8/11/84	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Margarita Com		1		Counselors Gallup-Dakota	
Kind of Lease		Lease No.			
State, Federal or Free Federal		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 Count					
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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Dugan Production Corporation		P. O. Box 208, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
H		15		23N 6W	
Is gas actually connected?		When		8/11/84	
Yes					
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 Reatv. - Diff. Res					
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	
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 oil able for this depth or be for full 24 hours)					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, etc.)	
				CHECK SIZE	
Length of Test		Tubing Pressure		Casing Pressure	
				AUG 15 1984	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				GAS-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF	
				Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				CHECK SIZE	
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)					
8/14/84					
(Date)					
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for all able on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of emditi					