Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Pe, New Mexico 87504-2088

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Urazos Rd., Aztec, NM 87410	REQUEST FOR ALL	OWARIE	E AND AUTHORIZA	TION		
I.			ND NATURAL GAS			
Operator					Pl No.	
MERRION OIL & GAS CORE	PORATION					
P. O. BOX 840, FARMING	TOOM NELL MEVICO 8	37499				
Reason(s) for Filing (Check proper box)	JION, NEW MEXICO O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other (Please explain)			
New Weil	Change in Transporte	L. er of:				
Recompletion	Oil X Dry Gas		Effective 3/1/	90		
Change in Operator	Casinghead Gas Condensa	ate []				
If change of operator give name and address of previous operator	, and the second	AND DESCRIPTION OF THE PARTY OF				
•	4 h III + C C C					
II. DESCRIPTION OF WELL Lease Name	>	ne, Including F	Compation	Kind o	f Lease	Lease No.
Margarita Com		nselors Gallup-Dakota			State (Federal) or Fee NM-23738	
Location				1	····	
Unit Letter H	: 1820 Feet From	n The <u>Nor</u>	th Line and 810	Fee	et From The	East Line
Section 15 Townshi	p 23N Range	6W	, NMPM,	Rio A	Arriba	County
III. DESIGNATION OF TRAN						
i '	[XX] or Condensate		ddress (Give address to which	• •		
Meridian Oil, Inc. Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [P.O. Box 4289, Farmington, New Mexico 87499 Address (Give address to which approved copy of this form is to be sent)			
Dugan Production Corp			O. Box 208, F			
If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is	gas actually connected?	When	7	· · · · · · · · · · · · · · · · · · ·
give location of tanks.	H 15 23N	6W	Yes	8/8	84 	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give	commingling	order number:			
Delega Transfer		as Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion	. <u> </u>					
Date Spudded	Date Compl. Ready to Prod.	10	otal Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas flay		Tubing Depth	
Perforations		ļ			Toome Depart	
				****	Depth Casing S	hoe
	THUMO CACIN	IC AND CE	CATCAPTIANC DECORD		<u> </u>	
HOLE SIZE	TUBING, CASING AND				SACKS CEMENT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMEIII	
	-					
V. TEST DATA AND REQUE						
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load of		equal to or exceed top allow roducing Method (Flow, pun			Juli 24 hours.)
The Principle of Roll 10 Pank	Date of Tex	1	roducing inclined (2 10w, part	y», gazi iyi, e		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
	_					FILE
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	- Carrier and a state of the
						ዜን የ ባ 42 0 ብ
GAS WELL					د ⊆یا:	ନ୍ତୁ (୬୯୯) -
Actual Prod. Test - MCI/D	Length of Test	10	bls. Condensate/MMCF		Gravity of Con	denkale Day
lesting Method (pilot, back pr.)	Tubing Pressure (Shut in)		Casing Pressure (Shut-in)		Choke Size	
til open mon					1	
VI. OPERATOR CERTIFIC		CE	OIL CON	SERV	ATION D	IVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION			
is true and complete to the best of my			Data Annuaria	, F	EB 28 19	90
11 /	`	11	Date Approved	l		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Printed Name

2/26/90 Date

Steven S. Dunn

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule#11.

By_

Title

SUPERVISOR DISTRICT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Operations Manager

Title

_327-9801 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.