SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

3184/11

RECEIVED
MAR 12 1984
OIL CON. DIV.
DIST. 3

Operator
Merrion Oil & Gas Corporation

Address
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

If change of ownership give name and address of previous owner ______

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Rita	5	Counselors Gallup Ext.	Fee	

Location
Unit Letter M : 890 Feet From The South Line and 760 Feet From The West
Line of Section 5 Township 23N Range 6W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P. O. Box 256, Farmington, New Mexico 87499
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 Co.	P. O. Box 4990, Farmington, New Mexico 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	5	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'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/8/84	3/8/84	5665' KB	5627' KB
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6833' KB, 6820' GL	Gallup	5091	5300' KB

Perforations 5091, 5097, 5217, 5223, 5323, 5326, 5329, 5332, 5347, 5351, 5357, 5460, 5463, 5466, 5469, 5497, 5500, 5504, 5510, 5526, 5529, 5532, 5535, 5538' KB, 24 holes

Depth Casing Shoe 5661' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	218' KB	175 sx (206.5 cu. ft.)
7-7/8"	4-1/2"	5661' KB	225 sx (274.5 cu. ft.)
			700 sx (1442 cu. ft.)
			100 sx (122 cu. ft.)

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/8/84	3/9/84	FLOWING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	50	250	3/4"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	62	-0-	135

GAS WELL

Actual Prod. Test-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 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]
(Signature)

Steve S. Dunn, Operations Manager
(Title)

3/9/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1984, 19__

BY Original Signed by FRANK T. CHAVEZ

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.