

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
Merrion Oil & Gas CorporationAddress
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Enchilada	Well No. 1	Pool Name, including Formation Counselors Gallup Ext.	Kind of Lease State, Federal or Fee	Lease No. E-1207-
Location Unit Letter <u>B</u> : <u>860</u> Feet From The <u>North</u> Line and <u>1825</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>23N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 16
	Twp. 23N	Rge. 6W
	Is gas actually connected? No	
	When As soon as possible	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 2/14/84	Date Compl. Ready to Prod. 3/13/84		Total Depth 5700' KB		P.B.T.D. 5667' KB			
Elevations (DF, RKB, RT, GR, etc.) 5773' KB, 5760' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5326' KB		Tubing Depth 5332' KB			
Perforations 5326, 5328, 5330, 5332, 5334, 5352, 5357, 5461, 5463, 5465, 5467, 5469, 5502, 5505, 5508, 5511, 5530, 5532, 5534, 5536, 5538, 5540					Depth Casing Shoe 5700' KB			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	230' KB	175 sx (206.5 cu. ft.)
7-7/8"	4-1/2"	5700' KB	225 sx (274.5 cu. ft.)
			700 sx (1442 cu. ft.)
	2-3/8"	5332' KB	100 sx (122 cu. ft.)

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3/13/84	Date of Test 3/14/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50 PSI	Casing Pressure 400 PSI	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 137	Water-Bbls. -0-	Gas-MCF 225

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

I hereby certify that the rules and regulations of the Oil Conservation Division 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)

3/15/84

(Date)

OIL CONSERVATION DIVISION

MAR 16 1984

APPROVED _____, 19

BY Original Signed by FRANK J. 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.