

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

O. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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)

**RECEIVED**  
MAR 05 1984  
OIL CON. DIV.  
DIST. 3If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Rita Com	Well No. 4	Pool Name, including Formation Counselors Gallup <i>adobe</i>	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078359
Location Unit Letter <u>F</u> , <u>1880</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>23N</u> Range <u>6W</u> , NMPM, Rio Arriba Count				

## I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Transportation	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 F	Sec. 8
	Twp. 23N	Range 6W
	Is gas actually connected? <u>NO</u> When <u>As soon as possible</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: R-7834-A

## 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 1/29/84	Date Compl. Ready to Prod. 2/29/84		Total Depth 6520' KB		P.B.T.D. 6476' KB			
Elevations (DF, RKB, RT, GR, etc.) 6824' KB, 6811' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5149' KB		Tubing Depth 5273' KB			
Perforations 5506, 5504, 5502, 5500, 5498, 5495, 5474, 5471, 5447, 5435, 5432, 5428, 5494, 5429, 5420, 5416, 5414, 5297, 5294, 5486, 5273, 5192, 5185					Depth Casing Shoe 6520' KB			

## TUBING, CASING, AND CEMENTING RECORD 5149

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	223' KB	175 sx (361 cu. ft.)
4-1/2"	4-1/2"	6520' KB	350 sx (427 cu. ft.)
			700 sx (1442 cu. ft.)
	2-3/8"	5273' 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)

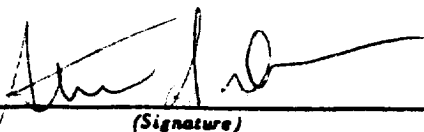
Date First New Oil Run To Tanks 2/29/84	Date of Test 2/29/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 200 PSI	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 92	Water-Bbls. 0	Gas-MCF 192

## 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.



Steve S. Dunn, Operations Manager

(Title)

3/2/84

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 20 1984, 19BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT #3

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener 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, number, or transporter or other such change of condition

**P. O. BOX 2088**

SANTA FE, NEW MEXICO 87501

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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)

New Well ☒

**Change in Transporter of:**

## Recompletion

C11

### Dry Gas

Change in Ownership ☐

### Castinghead Gas

### Condensate

**If change of ownership give name  
and address of previous owner \_\_\_\_\_**

### DESCRIPTION OF WELL AND LEASE

Lease Name Rita Com	Well No. 4	Pool Name, Including Formation Undesignated Dakota	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078359
Location Unit Letter <u>F</u> ; <u>1880</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>23N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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)	
Giant Transport					P. O. Box 256, 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)	
Unknown						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	8	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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 1/29/84	Date Compl. Ready to Prod. 2/24/84		Total Depth 6520' KB			P.B.T.D. 6476' KB			
Elevations (DF, RKB, RT, GR, etc.) 6824' KB, 6811' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 6398' KB			Tubing Depth 5273' KB			
Perforations 6298 - 6306' KB, 2 PF, 16 holes						Depth Casing Shoe 6520' KB			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	223' KB	175 sx (361 cu. ft.) B
7-7/8"	4-1/2"	6520' KB	350 sx (427 cu. ft.) H
			700 sx (1442 cu. ft.) B
	2-3/7"	5273' KB	100 sx (122 cu. ft.) H

## 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 2/24/84	Date of Test 2/25/84	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 8 hours	Tubing Pressure 0 PSI	Casing Pressure 100 PSI	Choke Size 1/8"
Actual Prod. During Test	Oil - Bbls. 0.3	Water - Bbls. 1.7	Gas - MCF TSTM

## AS 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

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.

John Salo  
(Signature)

Steve S. Dunn, Operations Manager  
(Title)

3/2/84

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 20 1984, 18  
Original Signed by FRANK T. CRAVEZ

**TITLE** SUPERVISOR DISTRICT 47 3

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