

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

MERRION OIL & GAS CORPORATION

Address

P.O. Box 1017 Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change of operator

If change of operator

operator

give name and address of previous owner

J. Gregory Merrion & Robert L. Bayless P.O. Box 507 Farmington, NM

DESCRIPTION OF WELL AND LEASE

Lease Name

Jicarilla Contract 428

Well No.

1

Pool Name, including Formation

Ballard Picture Cliff

Kind of Lease

State, Federal or Fee

Indian

Lease No. Contract

428

Location

Unit Letter

G

:

1850

Feet From The

North

Line and

1850

Feet From The

East

Line of Section

32

Township

23N

Range

4W

NMPM,

Sandoval

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

yes

04-28-77

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'tv.

Diff. Res'tv.

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravimetric 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

J. GREGORY MERRION, PRESIDENT

(Title)

November 17, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED

NOV 30 1981

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT #3

TITLE

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 deviated 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.