-0. 07 109110 01411440 DISTRIBUTION

SANTA FE

FILE

5/21/84

(Title)

(Date)

Steve S. Dunn, Operations Manager

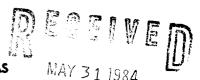
U.S.G.S. LAND OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND



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.

	TRANSPORTER GAS			AND		The state of the s											
l.	PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS MAY 31							ש									
	Merrion Oil's Gas Corporation																
	P. O. Box 1017, Farmington, New Mexico 87499																
	Reason(s) for filing (Check proper box) Other (Please explain)																
	New Well																
	Recompletion Change in Ownership	Change of Fred hame															
	If change of ownership give name and address of previous owner																
ı.	DESCRIPTION OF WELL AND	LEASE Well No. Poo	Name, Including F	Formation		Kind of Leas											
	Bonanza		t Lindrith (ota _		d or Fee Jicarilla	360									
	Location Unit Letter L : 185	50 Feet From Th	• South	ne and 790)	·	west	-l									
1																	
L	Line of Section 1 To	wnship 22N	Range	3W	, NMPM,	, Sando	oval	County									
i. 1	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil [Y] or Condensate [The Address (Give address to which approved some of this Games (Give address to which approved some of																
	Permian Corporation or Condensate		sate [P. O. Box 1702, Farming			•										
	Name of Authorized Transporter of Casinghead Gas 🔀 at Dry Gas		or Dry Gas		ved copy of this form is to												
-	El Paso Natural Gas Co		'Saa m		P. O. Box 4990, Farming		ton, New Mexico 87499										
	If well produces oil or liquids, give location of tanks.	Unit Sec.	22N 3W	Yes	ly connected	,	m /1981										
. [f this production is commingled with COMPLETION DATA	••		-													
	Designate Type of Completion	on $-(X)$ Oil Well	II Gas Well	New Well	Morkover	Deepen	Plug Back Same Res	v. Diff. Res!									
	Date Spudded	Date Compl. Ready	to Prod.	Total Depth		<u> </u>	P.B.T.D.	<u> </u>									
	Elevations (DF, RKB, RT, GR, etc.;	ntions (DF, RKB, RT, GR, etc.; Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth										
	Perforations			I			Depth Casing Shoe										
	TUBING, CASING, AND CEMENTING RECORD																
-	HOLE SIZE			DEPTH SET			SACKS CEMENT										
-																	
								·-···									
T	EST DATA AND REQUEST FO	OR ALLOWABLE	(Test must be af	ter recovery of	total volum	o of load oil a	nd must be equal to or ea	seed top allo									
	IL WELL Date First New Oil Run To Tanks	Date of Teet	able for this des	oth or be for ful Producing Met	124 hours)												
L							,										
-	ngth of Test Tubing Pressure			Casing Pressure			Choke Size										
Ā	al Prod. During Teet Oil-Bble.			Water-Bbis.			Gas-MCF										
G	AS WELL							** / * * **** <u>*</u> /*									
A	ctual Prod. Test-MCF/D			Bble. Condensate/MMCF			Gravity of Condensate										
ī	reting Method (pitot, back pr.) Tubing Pressure (Shet-im)		et-in)	Cosing Pressure (Shwt-im)			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.				OIL CONSERVATION DIVISION APPROVED MAY 31 1984 BY Strate Conservation Division													
													TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.				
										1							
	(Signate		If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation														
	Stove C Dunn Onematical M				tests taken on the well in accordance with RULE 111.												