

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|------------------|-----|--|
| SANTA FE | | |
| FILE | | |
| U.S.C.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

Operator

Merrion Oil & Gas Corporation

Address

P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|---------------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease |
| Chapman A | 1 | Lybrook Gallup Ext. | State, Federal or Fee Fee | |
| Location | | | | |
| Unit Letter | F | 1790 | Feet From The North | Line and 1830 |
| Line of Section | | 29 | Township | 23N |
| | | | Range | 6W |
| | | | NMPM, | Sandoval |
| | | | | Co |

II. 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) | | | | | |
| Pemian Corporation | P. O. Box 1702, Farmington, New Mexico | | | | | |
| 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) | | | | | |
| | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | F | 29 | 23N | 6W | No | As soon as possible |

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

V. COMPLETION DATA

| | | | | | | | | |
|--|-----------------------------|-----------------|-----------------------|----------|--------|-----------|-------------|-------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. |
| | XX | | XX | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 4/4/82 | 5/4/82 | 5750' KB | 5700' KB | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 7105' B.L. 7118' K.B. | Gallup | 5131' KB | | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| 5645 - 5577' KB, 5383 - 5524' KB, 5131 - 5280' KB, 70 holes, .340" | 5705' KB | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4 | 8-5/8 | 217' KB | 170 sx Class B | | | | | |
| 7-7/8 | 4-1/2 | 5745.05' KB | 225 sx Class H 2% D20 | | | | | |
| | 2 3/8 | 5130 | 700 sx Class H 2% D-7 | | | | | |
| | | | 100 sx Class H 2% D-2 | | | | | |

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

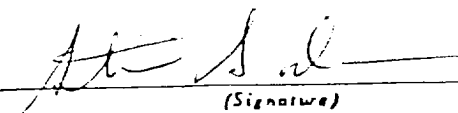
(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 5/4/82 | 5/4/82 | Flowind | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | 50 PSIG | 450 PSIG | 1/2" |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 83 Bbls/D | -0- | 210 MCF/D |

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 |
| | | | |

VI. 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)Steve S. Dunn, Operations Manager
(Title)5/5/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 6 1982

, 19

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR

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

If this is a request for allowable for a newly drilled or de
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of con

C-104 must be filed for each pool in m