

Operator  
Merrion Oil & Gas Corporation

Post Office Box 1017, Farmington, New Mexico 87499

Reason(s) for filling (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" 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 \_\_\_\_\_

## **1. DESCRIPTION OF WELL AND LEASE**

Lessee Name Bonanza	Well No. 8	Pool Name, Including Formation West Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee/Jicarilla Cont	Lease 360
Location				
Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>22N</u> Range <u>3W</u> , NMPM, Sandoval				

## 1. 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)	
CONOCO, INC. Surface Transportation					555 17th Street, 9th Floor, Denver, CO 80202	
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)	
El Paso Natural Gas Company					Post Office Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	22N	3W	Yes	9/15/82

**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'y.	Diff.
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

#### V. 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 to, able for this depth or be for **RECEIVED**

Date First New Oil Run To Tanks	Date of Test	Producing Method (Pump, Gas Lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure NOV 02 1984 Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. OIL CON. DIX Gas - MCF DIST. 3

## 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

## **I. 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.

## OPERATIONS MANAGER

October 30, 1984

## OIL CONSERVATION COMMISSION

**APPROVED**

BY

**TITLE**

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

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with NUT 111.

All sections of this form must be filled out completely for use on new and recompleted wells.