

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Merrion Oil & Gas Corporation

Address
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)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 430	Well No. 5	Pool Name, Including Formation Unders. Dakota	Kind of Lease State, Federal or Fee Indian	Lease Cont. 4
Location				
Unit Letter H	1650	Feet From The North	Line and 790	Feet From The East
Line of Section 35	Township 23N	Range 5W	NMPM,	Sandoval

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)			
Inland Corporation	P. O. Box 1528, Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" 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	P. O. Box 4990, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 35	Twp. 23N	Rge. 5W
			Is gas actually connected?	When
			No	As soon as possible

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	DIL R
Date Spudded 7/10/83	Date Compl. Ready to Prod. 11/7/83	Total Depth 6710' KB	P.B.T.D. 6540'					
Elevations (DF, RKB, RT, GR, etc.) 6834' KB, 6821' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 5338' KB	Tubing Depth 5336' KB					
Perforations 6072' - 84, 2 PF, 5594, 5592, 5590, 5588, 5576, 5574, 5572, 5563, 5561, 5502, 5503, 5506, 5508, 6415, 6411, 5407, 5381, 5385, 5372, 5370,			Depth Casing Shoe 6710' KB					
TUBING, CASING, AND CEMENTING RECORD 5338, 21 holes.								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	212' KB	175 sx (361 cu. ft.)					
1-7/8"	4-1/2"	6710' KB	525 sx (724.5 cu. ft.)					
	2 3/8	5336	300 sx (618 cu. ft.)					
			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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11/17/83	Date of Test 11/18/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 0 PSI	Casing Pressure 325 PSI	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. -0-	Gas - MCF 45

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

11/18/83

OIL CONSERVATION DIVISION

APPROVED NOV 21 1983

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 device tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of ownership, name of transporter or other such change of conditions.