

3030/W

Form C-104
Revised 10-01-78
Format 06-01-83

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JAN 21 1986
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 840, Farmington, New Mexico 87499
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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 430	Well No. 12	Pool Name, including Formation South Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Cont. 430
Location Unit Letter H ; 1980' Feet From The North Line and 990 Feet From The East Line of Section 25 Township 23N Range 5W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

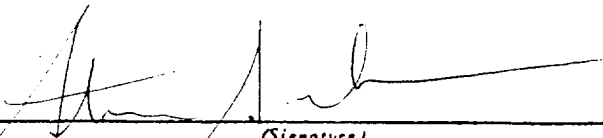
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks. Unit H Sec. 25 Twp. 23N Rge. 5W	Is gas actually connected?	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Steve S. Dunn, Operations Manager
(Title)
1/16/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 21 1986
BY Original Signed by FRANK L. CHAVEZ
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 deviation 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well XX	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/17/85	Date Compl. Ready to Prod. 12/21/85		Total Depth 6429' KB			P.B.T.D. 6385' KB			
Elevations (DF, RKB, RT, GR, etc.) 6986' KB, 6973' GL		Name of Producing Formation Gallup		Top Oil/Gas Pay 5123' KB			Tubing Depth 5848' KB		
Perforations 6309 - 6319, 20 holes; 5827, 5823, 5812, 5810, 5808, 5806, 5804, 5744, 5701, 5697, 5633, 5619, 5603, 5582, 5567, 15 holes; 5123, 5126,							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"		8-5/8"		214' KB			170 sx (200.6 cu. ft.) B		
7-7/8"		4-1/2"		6427' KB			830 sx (1449.4 cu. ft.)		
		2-3/8"		5848' KB					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1/15/86	Date of Test 1/16/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure 200	Casing Pressure 500	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 70	Water-Bbls. 4.5	Gas-MCF 129

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

Perfs cont. 5134, 5141, 5164, 5188, 5211, 5213, 5217, 5229, 5244, 5255, 5271, 5286, 5336, 5429, 5435, 5454, 5475, 19 holes