

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Merrion Oil & Gas Corporation		Well API No.
Address P. O. Box 840, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Don C. Wiley & Fluid Power Pump Co.
If change of operator give name and address of previous operator Texaco Producing Co., P. O. Box 46555, Denver CO 80201-6555		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Media - Entrada Water Well	Well No. 1	Pool Name, Including Formation Media Pool - Mesquite Fresh Water	Kind of Lease State, Federal or Fee Fee	Lease No. NM 058122
Location				
Unit Letter M : 1190 Feet From The South Line and 660 Feet From The West Line				
Section 14 Township 19N Range 3W . NMPM Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)		
NA					NA		
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)		
NA					NA		
If well produces oil or liquids, give location of tanks. NA		Unit	Sec.	Twp.	Rgs.	Is gas actually connected? NA	When ? NA

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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	DEPT OF SACS CEMENT
		JAN 22 1981
		OIL COMPANY

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 top allowable for this depth or be for full 24 hours.) **DIST 3**

Date First New Oil Run To Tank NA	Date of Test NA	Producing Method (Flow, pump, gas lift, etc.) NA	
Length of Test NA	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test NA	Oil - Bbls. NA	Water - Bbls. NA	Gas- MCF NA

GAS WELL

Actual Prod. Test - MCF/D NA	Length of Test NA	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (<i>pilot, back pr.</i>) NA	Tubing Pressure (Shut-in) NA	Casing Pressure (Shut-in) NA	Choke Size NA

VI. OPERATOR 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.

Signature AA Sharpe

Signature George F. Sharpe Engineer

Printed Name _____

1/17/91 505-327-9801

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JAN 22 1991

By _____ Original Signed by FRANK T. CHAVEZ

Title _____ SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.