

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

copies: 4 OCD, Aztec
1 Well File
1 Land
N 2 Acct

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L

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 checked="" 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"/>
If change of operator give name and address of previous operator James P. Dunigan, Inc., Box 23, Abilene, TX 79604		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Snake Eyes	Well No. 2	Pool Name, Including Formation Snake Eyes Dakota D	Kind of Lease State, Federal or Fee	Lease No. NM N5 277210
Location				
Unit Letter K : 1980' Feet From The South Line and 1980' Feet From The West Line				
Section 20 Township 21N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Gas Company of NM					P. O. Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					no	Spring 1991
If this production is commingled with that from any other lease or pool, give commingling order number:						

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
			X			X		X	
Date Spudded 10-30-71	Date Compl. Ready to Prod. 2-2-91		Total Depth 5629' KB			P.B.T.D. 4618' KB			
Elevations (DF, RKB, RT, GR, etc.) 6560' GL, 6565' KB	Name of Producing Formation Snake Eyes Dakota		Top Oil/Gas Pay 4555' KB			Tubing Depth 4584' KB			
Perforations 4605-4608'; 4580-4584' KB & 4555-4560' KB						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"		950'			40 sx			
7-7/8"	5-1/2"		4630'			300 sx			
	2-7/8" thg		4584'						

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.)

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

GAS WELL

Actual Prod. Test - MCF/D 1379 MCFD	Length of Test 12 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) 320 psi	Casing Pressure (Shut-in) 620 psi	Choke Size 1"

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.

St. James

Signature George F. Sharpe Engineer

Printed Name _____ Title _____

2-6-91 505 327-9801
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 29 1991

By Burt D. Chang
SUPERVISOR DISTRICT 13

Title _____ SUPERVISOR DISTRICT 13

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.