Submit 5 Copies
At propriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TR	ANSP	ORT OI	L AND NA	TURAL G	AS	RUCTICAL API No.	C-105	£	
Operator MERRION OIL & GAS			1								
Address	30-045-20955										
P. O. Box 840, Far	mingto	n, Ne	w Me	exico	874(9				. —		
Reason(s) for Filing (Check proper box)		·				et (Please expl			the we	ll name	
New Well	0.1	Change in		1-		anta Fe			/ em 1		
Recompletion L_ Change in Operator	Oil Dry Gas Casinghead Gas Condensate				SANTA FE 20 No. 7. (This wellwa previously the Snake Eyes No. 2)					wellwas	
If change of operator give name	Cantigne	SO CAS	Conuc	neare []	р	revious	sty tn	e Snake	Eyes I	NO. 21	
and address of previous operator											
II. DESCRIPTION OF WELL	AND LE		, -								
Lease Name		Well No.			ling Formation	1-a-a 07	Kind State	of Lease Federal or Fee) i	case No.	
SANTA FE 20]7_	15	nake .	Eyes Dakota "D" Myte, Federal or Fee NM N5 27721						
Unit Letter K	. 198	0	rr		outh Line and 1980 Feet From The West Line						
Unit Letter	- i			0.7.7							
Section 20 Townshi	<u>ip 21</u>	N	Range	8W	, NI	MPM,	San C	uan		County	
III. DESIGNATION OF TRAN	ISPORTE		~	ID NATU							
Name of Authorized Transporter of Oil or Condensate Meridian Oil					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas X				copy of this form is to be sent)			
Gas Company of New					P.O.	Box 189	9, Blo	copy of this form is to be sent) omfield, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit			Rge.	is gas actually connected? When Yes			1 7 12/91			
If this production is commingled with that		I	21N		.l					···-	
IV. COMPLETION DATA	troin any ou	ner lease or	poor, gr	ve comming	ing order nume	жг.					
		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			1_		J.,	l	l	1,			
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					<u> </u>			Depth Casing Shoe			
	TUBING, CASING AND				CEMENTI	NG RECOR	D	···········			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	-}					·		ļ. 		·	
	·							·			
	· · · · · · · · · · · · · · · · · · ·										
V. TEST DATA AND REQUE											
OIL WELL (Test must be after the Date First New Oil Run To Tank			of load	oil and must	be equal to or	exceed top allo	mable for the	s de la ver la fo	Jul 20 hour	数影 后	
Date First New Oil Run To Tank	Date of 1e	Date of Test				thod (Flow, pu	mp, gas iyi, d	WE SEGET			
Length of Test	Tubing Pressure				Casing Pressu	ге		JAN - 5 1993			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			1	"ON CON. DIV.		
	<u> </u>							211			
GAS WELL						_			DIST. 3	j	
Actual Prod. Test - MCI7D	Length of	Test		· · · · · · · · · · · · · · · · · · ·	Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubine Pro	Tubing Pressure (Shut in)				Casing ('ressure (Shut-in)			Choke Size		
pina, occuping									, service diffe		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and is true, and complete to the best of my, is	that the infor	mation give	en above	!				111 ~ 40/	20		
	monicage m	id belief.			Date	Approved	jJ	N 5 199	<u> 32</u>		
Cathela & Mi	W							. /1	,		
Signature Esther J. Greyeyes	777	nàrat	iona	Took	By	·····	Bir.) du	<i></i>		
Printed Name	200	herac	Title	Tech	[]			SOR DIST	•	3	
1/4/93	5	05-32		01	Title_						
Date		Tele	phone N	0.	1						

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.