

OIL CONSERVATION DIVISION

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

4 OCD  
1 Taxes  
1 Acct  
1 Land

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>MERRION OIL &amp; GAS CORPORATION</b>		Well Art No.
Address <b>P. O. Box 840, Farmington, NM 87499</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Santa Fe 20</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Snake Eyes Dakota</b>	Kind of Lease State, Federal or <b>XX</b>	Lease No. <b>30-045-27342</b>
Location				
Unit Letter <b>I</b>	<b>2310</b>	Feet From The <b>South</b>	Line and <b>990</b>	Feet From The <b>East</b> Line
Section <b>20</b>	Township <b>21N</b>	Range <b>8W</b>	<b>NMPM</b>	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Meridian Oil, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289, Farmington, NM 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Gas Company of New Mexico</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1899, Bloomfield, NM 87413</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>20</b>
	Twp. <b>21N</b>	Rge. <b>8W</b>
	Is gas actually connected? <b>yes</b>	
	When? <b>9/2/91</b>	

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
		<b>X</b>	<b>X</b>					
Date Spudded <b>7/15/89</b>	Date Compl. Ready to Prod. <b>8/4/90</b>		Total Depth <b>5,699' KB</b>			P.B.T.D. <b>4,647' KB</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>6,576' GL</b>	Name of Producing Formation <b>Snake Eyes Dakota</b>		Top Oil/Gas Pay <b>4,585' KB</b>			Tubing Depth <b>4,178' KB</b>		
Perforations <b>4666-4672', 4658-4662', 4650-4654', 4620-4630', 4585-4587' KB</b>			Depth Casing Shoe <b>5,490' KB</b>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>226' KB</b>	<b>160 sx C1 "G"</b>
<b>8-3/4"</b>	<b>4-1/2"</b>	<b>5,490' KB</b>	<b>75 sx C1 "G"</b>
	<b>2-7/8" <i>Lease 4/89</i></b>	<b>4,900' KB</b>	<b>300 sx C1 "G"</b>
	<b>2-3/8"</b>	<b>4,178' KB</b>	

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 <b>N/A</b>	Date of Test	Producing Method (Flow, pump, gas lift)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

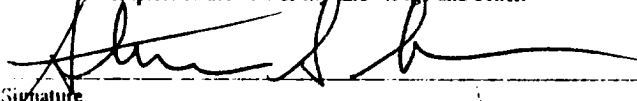
RECEIVED  
SEP 24 1991  
OIL CON. DIV  
DIST. 3

GAS WELL


Actual Prod. Test - MCF/D <b>725 352 MCFD</b>	Length of Test <b>24 hr</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.) <b>Flowing</b>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) <b>225 psi</b>	Choke Size <b>.75"</b>

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   
Steven S. Dunn Operations Manager  
Printed Name Title  
Date **9/23/91** Telephone No. **505/327-9801**

OIL CONSERVATION DIVISION

Date Approved **SEP 24 1991**  
By   
SUPERVISOR DISTRICT #3  
Title

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.