

1 Well File
Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

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

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

CONFIDENTIAL

Operator MERRION OIL & GAS CORPORATION		Well API No. 30-045-020629 28629
Address P. O. Box 840, Farmington, New Mexico 87499		
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 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 ESCOVADA	Well No. 1	Pool Name, including Formation Snake Eyes Dakota "D"	Kind of Lease State, Federal or Free	Lease No. NM-66124
Location Unit Letter N : 990 Feet From The South Line and 1900 Feet From The West Line Section 8 Township 21N Range 8W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Company	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas Gas Company of New Mexico	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, New Mexico 87413
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 8
	Twp. 21N	Rge. 8W
	Is gas actually connected? Yes	When? 1-21-92

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					
Date Spudded 11/26/91	Date Compl. Ready to Prod. 1-21-92	Total Depth 5968'	P.B.T.D. 4800'					
Elevations (DF, RKB, RT, GR, etc.) 6602' GR	Name of Producing Formation Dakota "D"	Top Oil/Gas Pay 4708'	Tubing Depth 4676'					
Perforations 4708'-4714' (4JSPF)			Depth Casing Shoe 4845'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 40#, N-80		260' KB		150 sacks			
8-3/4"	5-1/2", 14#, K-55		4845' KB		830 sacks (2 stages)			
	2-7/8", 6.5#, J-55		4676'					

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 500	Length of Test 18 hours	Bbls. Condensate/MMCF 4 Bbl/MMCF (est.)	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1230 psig	Casing Pressure (Shut-in) 1640 psig	Choke Size 3/4"

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
Printed Name
1/22/92
Date
Operations Manager
Title
505-327 9801
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 23 1992

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS DISTRICT MANAGER

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.