

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

Operator MERRION OIL & GAS CORPORATION	
Address P. O. Box 1017, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change of Operator	
Operator If change of ownership, give name and address of previous owner J. Gregory Merrion & Robert L. Bayless, Box 1541, Farmington, NM 87401	

I. DESCRIPTION OF WELL AND LEASE

Lease Name East Lindrith	Well No. 2	Pool Name, Including Formation Blanco Pic. Cliffs South	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter B : 1140 Feet From The North Line and 1600 Feet From The East Line of Section 27 Township 24N Range 2W , NMPM, Rio Arriba				

II. 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)	
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)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Ege.
	Is gas actually connected? When	
	No As soon as possible.	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. R
		X	X					
Date Spudded 5/7/80	Date Compl. Ready to Prod. 6/30/81	Total Depth 3300 KB	P.B.T.D. 3272 KB					
Elevations (DF, RKB, RT, GR, etc.) 7277 GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3171	Tubing Depth 3160					
Perforations 3237 - 3171	Depth Casing Shoe 3287							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-3/4"	7"	97' KB	50sx 3% CACL <sub>2</sub>
5-1/8"	3-1/2"	3287' KB	150 sx Class 'H' 50-51 Pozimix w/2% gel, 6-1 3/sx gilsonite, 1/2 #sx cellophane flakes.

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

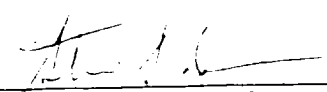
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
108	24 Hrs.	-0-	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice	621	624	3/8

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
STEVE S. DUNN, Engineer  
(Title)  
12/8/81  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN 6 1982, 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devl tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for char well name or number, or transporter, or other such ch.