

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

**RECEIVED**  
JAN 19 1984  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
Merrion Oil & Gas Corporation  
Address  
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)  
1st delivery @ 1:20 PM 1/16/84

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salazar G Com 23	Well No. 1	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. 080136
Location Unit Letter <u>M</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>23</u> Twp. <u>25N</u> Rge. <u>6W</u>	Is gas actually connected? Yes	When 1/16/84		

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.
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						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)  
Steve S. Dunn, Operations Manager  
(Title)  
1/18/84

OIL CONSERVATION DIVISION

JAN 19 1984

APPROVED \_\_\_\_\_, 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner