

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3024/12
2284

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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 <input checked="" type="checkbox"/>	Change In Transporter of:	Other (Please explain)
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"/>

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	Lease No. SF 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 Count				

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 4289, 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? <u>No</u> When <u>1-16-84</u> <u>As soon as possible</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res <input type="checkbox"/>	Date Spudded 10/10/83	Date Compl. Ready to Prod. 11/24/83 12-5-83	Total Depth 6396' KB	P.B.T.D. 6345' KB
Elevations (DF, RKB, RT, GR, etc.) 6639' KB, 6626' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5929	Tubing Depth 5935' KB	
Perforations 5929, 5943, 5973, 5975, 5985, 5987, 6009, 6011, 6013, 6015, 6097, 6107, 6122, 6156, 6221, 6223, 6256, 6267, 6279, 6301, total 20 holes			Depth Casing Shoe 6394' KB	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	206' KB	175 sx (361 cu. ft.)	
7-7/8"	4-1/2"	6394' KB	225 sx (274.5 cu. ft.)	
	2-3/8"	5935' KB	700 sx (1442 cu. ft.)	
			100 sx (122 cu. ft.)	

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/5/83	Date of Test 12/14/83	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hour	Tubing Pressure 25 PSI	Casing Pressure 200 PSI
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. -0-
		Gas - MCF 108

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.

Steve S. Dunn
(Signature)
Steve S. Dunn, Operations Manager
(Title)
12/15/83

OIL CONSERVATION DIVISION

APPROVED DEC 16 1983, 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 or number of transporter or other such change of operator.