

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Box 1110, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|--------------|
| Operator MERRION OIL & GAS CORPORATION | | Well API No. |
| 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 type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Effective 3/1/90 | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" 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 Old Rock Com | Well No. 2 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee | Lease No. FEE |
| Location | | | | |
| Unit Letter P | 830 | Fect From The South | Line and 850 | Fect From The East |
| Section 28 | Township 25N | Range 6W | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Meridian Oil, Inc. | P.O. Box 4289, Farmington, New Mexico 87499 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company | P.O. Box 4990, Farmington, New Mexico 87499 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When? |
| Unit P | Sec. 28 |
| Twp. 25N | Rge. 6W |
| Yes 1/73 | |

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 (D.F., R.K.B., R.F., G.R., 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 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 |
| FEB 23 1990 | | | |
| GAS WELL | | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | OIL CON. DIV. |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut in) | Casing Pressure (Shut in) | DIST. 3 |

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
Operations Manager
Date
2-26-90
(505) 327-9801
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990

By
Title
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 114.

- 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.