

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C
Effective 1-1-83

3071/12
11-8-8

Operator Merrion Oil & Gas Corporation	
Address P. O. Box 1017, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Salazar G 27	Well No. 1	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Foreign Federal	Lease No. SF 080136
Location Unit Letter J : 1650' Feet From The FSL Line and 1840 Feet From The East Line of Section 27 Township 25N Range 6W, NMPM, Rio Arriba County				

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 990, 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 1702, Farmington, New Mexico 87499		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 27 25N 6W	Is gas actually connected? No	When As soon as possible

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

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"/> Some Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 7/23/83	Date Compl. Ready to Prod. 10/7/83	Total Depth 6036' KB	P.B.T.D. 5987' KB
Elevations (DF, RKB, RT, GR, etc.) 6368' GL, 6381' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5602' KB	Tubing Depth 5605' KB
Perforations 5946, 5938, 5936, 5934, 5922, 5920, 5812, 5801, 5792, 5713, 5698, 5696, 5694, 5692, 5690, 5688, 5668, 5656, 5628, 5612, 5602, 21 holes			Depth Casing Shoe 6030' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	212' KB	175 sx (206.5 cu. ft.)
7-7/8"	4-1/2"	6036' KB	225 sx (274.50 cu. ft.)
			700 sx (1442 cu. ft.)
	2-3/8"	5605' KB	100 sx (122 cu. ft.)

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 10/25/83	Date of Test 10/26/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 375	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 26	Water-Bbls. -0-	Gas-MCF 75 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 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, Operations Manager
(Title)
10/26/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
Original Signed by _____
BY _____
TITLE _____

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transportation or other such change of condition.