

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

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

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

4019/10  
 RECEIVED  
 DIST. DIV.

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:			
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)

If change of ownership give name and address of previous owner

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name Old Rock Com	Well No. 3	Pool Name, including Formation Devils Fork Gallup Assoc	Kind of Lease State, Federal or Fee Federal NM	Lease No 0558141
Location Unit Letter <u>J</u> : <u>1840'</u> Feet From The <u>South</u> Line and <u>1805'</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : <u>J</u> Sec. : <u>28</u> Twp. : <u>25N</u> Rge. : <u>6W</u> Is gas actually connected? <u>No</u> When <u>When contracted</u>

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"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>1/24/83</u>	Date Compl. Ready to Prod. <u>3/6/83</u>	Total Depth <u>6060' KB</u>	P.B.T.D. <u>6010' KB</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6382' GL, 6395' KB</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>5602' KB</u>	Tubing Depth <u>5604</u>					
Perforations <u>5923 - 5983', 19 holes, 5857 - 5881', 13 holes, 5790 - 5800', 6 holes</u>			5602 - 5703', 21 holes			Depth Casing Shoe <u>6016' KB</u>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>212' KB</u>	<u>170 SX</u>					
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>6052' KB</u>	<u>1025 SX</u>					
	<u>2-3/8"</u>	<u>5604' KB</u>						

**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 <u>3/5/83</u>	Date of Test <u>3/5/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hour</u>	Tubing Pressure <u>150</u>	Casing Pressure <u>400</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil-Bbls. <u>110</u>	Water-Bbls. <u>-0-</u>	Gas-MCF <u>166</u>

**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 Commission 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, Operations Manager  
 (Signature)  
 Steve S. Dunn, Operations Manager  
 (Title)  
 3/07/83  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_ Original Signature  
 TITLE \_\_\_\_\_ SUPERVISOR DISTRICT \_\_\_\_\_

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 well name or number, or transporter, or other such change of condition.