

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/>
		Dry 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 Old Rock Com	Well No. 3	Pool Name, including Formation Devils Fork Gallup Assoc.	Kind of Lease Federal	Lease No. NM 055814 1
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 28	Township 25N	Range 6W	, BLM, Rio Arriba Co.	

**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)
Conoco Inc. Surface Transportation	555 17th Street, 9th Floor, Denver, Co. 80202
Name of Authorized Transporter of Coalinghead 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 Co.	P. O. Box 4289, Farmington, New Mexico 87499
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?	When
Yes	1/84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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

**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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (If lgv, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

NOV 05 1984  
OIL CON. DIST. 3

**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*  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)

**OIL CONSERVATION COMMISSION**

APPROVED NOV 05 1984, 19  
BY *Frank J. [Signature]*  
SUPERVISOR DISTRICT #3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1106.  
If this is a request for allowable for a newly drilled or de-well, this form must be accompanied by a tabulation of the de-tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able on new and recompleted wells.