

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-83	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					

3044/R

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:	Reopen Dakota Formation and commingle Dakota with Gallup	
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 Stephenson Federal	Well No. 1	Pool Name, including Formation Dufers Point Gallup Dakota	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078475
Location				
Unit Letter G	1650	Feet From The North	Line and 1650	Feet From The East
Line of Section 17	Township 25N	Range 8W	San Juan 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 1702, Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 G	Sec. 17	Twp. 25N	Rge. 8W
		Is gas actually connected?		When
		No		
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 type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>				
Date Spudded 8/17/59	Date Compl. Ready to Prod. 1/7/83	Total Depth 6698' KB	P.B.T.D. 6432	
Elevations (DF, RKB, RT, GR, etc.) 6463' KB	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 5465' KB	Tubing Depth 6411.85' KB	
Perforations 5465 - 5940 149 holes, Gallup 6334 - 6356' KB 48 holes, Dakota			Depth Casing Shoe 6698' KB	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
11"	9-5/8"	202'	150 SX	
8-3/4"	5-1/2"	6705'	410 SX	
	2-3/8"	6411.85		

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 1/6/83 (first commingled)	Date of Test 1/12/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure 60 PSIG	Casing Pressure 70 PSIG	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. -0-	Gas - MCF 20

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		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>1-18-83</u> JAN 13 1983	
BY <u>Steve S. Dunn</u>		Signed by FRANK T. CHAVEZ	
Steve S. Dunn, Operations Manager		TITLE <u>SUPERVISOR DISTRICT # 2</u>	
1/7/83		This form is to be filed in compliance with RULE 1104.	
(Date)		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 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 conditions.	