1 (Acctng Dept)
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Dox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICTIN		
1000 Rio Brazos	Rd., Aztec, NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANCHORTOIL AND MATURAL GAS

.•		IU IKA	NOPC	MI UIL	איו טאא	I UHAL GA	<u> </u>	PI No			
Operator	peraus						1	/eii API No. 30-045-25012			
Merrion oil & Gas Corporation							U+J-ZJU1Z				
Address	ton M	ou Moud	5	87499							
P. O. Box 840, Farming	con, N	ew Mexi			Oth	et (Please expla	nin)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpor	ter of:	L	,	•				
Recompletion	Oil		Dry Gar	7		Effective	ve 1-1-9	2			
Change in Operator		_	Conden								
Change in operator —					OA Fore	st Park 1	Rlyd Ft	Worth.	TX 76	110	
nd address of previous operator Brat	inon Ui	1 or Gas	3, III	c., 224	on role	St Idik I	DIVU, IC	· worth			
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Pool Na	rme, İncludi	ng Formation Kind of						
Federal 20	1R Basin Dako			ota SMM,			Federal or Free SF-078530				
Location						104			Fact		
Unit LetterJ	_ :18	50	. Feet Fro	om The Sc	uth Lin	e and180	Fe	et From The	East	Line	
	0.5	3.7		9W			San Ju			Cter	
Section 20 Townshi	p 25	N	Range	- JW	, N	MPM,	San Ju	Iall		County	
III. DESIGNATION OF TRAN	ICPADTE	R OF O	II. ANI	D NATI	RAL GAS				4		
Name of Authorized Transporter of Oil		or Conder			Address (Gi	ve address to wi	hich approved	copy of this for	rm is to be se	nı)	
Giant Refining Company	y LJ			X	P. O. B	ox 846,	Farmingt	on, New	Mexico	87499	
Name of Authorized Transporter of Casin			or Dry	Gas 🔼	Address (Gir	re address to w	hich approved	copy of this fo	rm is to be se	nı)	
El Paso Natural Gas C					 	lox 4990,	Farming	ton, Nev	/ Mexico	87499	
If well produces oil or liquids,	Vait	Sec.	Twp.	Rge.		ly connected?	When	7 Decembe	er 23, 1	981	
give location of tanks.	l J	20	25N	1	Yes			Decembe			
If this production is commingled with that	from any of	her lease or	pool, giv	e commingi	ling order num	ber:					
IV. COMPLETION DATA		100 100	 1:		1	1	· · · · · · · · · · · · · · · · · · ·		D D 1	Avec Design	
Designate Type of Completion	- (X)	Oil Well	1 1 0	Jas Well	New Well	Workover	Deepen	Plug Back	Same Kes v	Diff Res'v	
Date Spudded		ipi. Ready to	o Prod.		Total Depth	.l	1	J J P.B.T.D.		.1	
•					•			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormation		Top Oil/Cas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing	g Shoe		
		··									
		TUBING	, CASI	NG AND	CEMENT	ING RECOR	₹D				
HOLE SIZE	C/	ASING & T	UBING S	SIZE		DEPTH SET		S	SACKS CEMENT		
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				·	ļ			.			
V TEST BATA AND BESSIE	er fob	TITOU	7 KI B		<u> </u>			J			
V. TEST DATA AND REQUE OIL WELL (Test must be after											
OIL WELL (Test must be after) Date First New Oil Run To Tank	recovery of	olal volume	of load	oil and must	be equal to o	r exceed top all	lowable for the	is depth or be f	or full 24 hou	(L) 24 (2	
The state of the s	Date of To	ex			Producing M	lethod (Flow, p	ump, gas lift, i	elc.)	温息台	8 A R	
Length of Test	Tubing De		····		Carles			Choke Size			
Tubing Pressur		CERTIE	nie			Casing Pressure			JAN21	1392	
Actual Prod. During Test Oil - B		Oil - Bbls.			Water - Bbis	Water Dit			JHILL		
					Amel - Doir			Gas-MCF COM. LIN			
GAS WELL					<u> </u>				DIS		
Actual Prod. Test - MCF/D	Leagth of	ग ुन्द			·				, DIO	1. C	
	reagn of	1 CEL		,	Bbis. Conde	neale/MMCF		Gravity of Co	ondensate		
Testing Method (pitot, back pr.)	Tubing Po	eening 70kg									
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size						
VI. OPERATOR CERTIFIC	ATT O	1.000			 			1			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	!	011 001					
I hereby certify that the rules and regul Division have been complied with and	that the inte		valice		(OIL CON	ISERV	ation [DIVISIO	N	
is true and complete to the best of my	knowledge a	und belief.	eu spoas	!	11						
$\mathcal{M}_{\mathcal{M}} \sim \mathcal{L}$	1				Date	Approve	и J	AN21	. 1992		
Sthew to	thende	4.1	/			- ' ' -	77	7	,		
Signature			By_ Stranks. Lavy								
Esther J. Greyeyes	$ \phi_{\rm I}$	eratio	ns Te	ch	-,-		 .	~~~			
Printed Name 1/17/92	(-	505) 22	Title	\1	Title	SUPE	RVISOR D	ISTRICT#	3		
Date			7-980		''''	·					
		lel	cphone N	40.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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 wall no