- 1- (Acctng) Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	TRAN	ISPO	ORT OIL	AND NAT	URAL GA	<u>S</u>	W. KT.			
perator	Well API No. 30-045-25052										
Merrion Oil & Gas Corp dress											
P. O. Box 840, Farming	ton, Nev	Mexic	co	87499							
eason(s) for Filing (Check proper box)		hange in T	'maneno	eter of:	Other	(Please explai	uk)				
ew Well U	Oil		Dry Ga			Effectiv	re 1-1-9	2			
hange in Operator	Casinghead		Conden								
change of operator give name d address of previous operator Bran	non Oil	& Gas	, In	c., 224	OA Fores	t Park B	lvd, Ft	. Worth,	TX 761	.10	
. DESCRIPTION OF WELL	AND LEAS	SE									
well No. Pool Name, lactus								Kind of Lease **State, Federal &**Fixes		Lease No. SF-078309	
Federal 29		1	Bas	in Dako	ta				SF-07	0303	
ocation B	. 990		P4 F.	N	orth_Line	and 178	0 Fe	et From The _	East	Line	
Unit Letter	- :		rea m								
Section 29 Township	<u>25N</u>		Range	9W	, NA	1PM,	San Ju	an		County	
II. DESIGNATION OF TRAN	SPORTER	e of of	L AN	ID NATUI	RAL GAS						
lame of Authorized Transporter of Oil		or Condens		X	Address (Gin	address to wh	ick approved	copy of this fo	rm is to be sen Maxica	4) 87499	
Giant Refining Company Name of Authorized Transporter of Casinghead Cas or Dry Gas					P. O. Box 846, Farmington, New Mexico 87499 Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company					P. O. Box 4990, Farmington, New Mexico 87499						
If well produces oil or liquids,	Unit Sec.		Twp. Rgc.		is gas actually	connected?		When 7			
ive location of tanks. If this production is commingled with that	B B	29	25N		Yes	····		uly, 198	1		
V. COMPLETION DATA	Hom any our	I ICERC OF	poor, gr	As consinue	nig otoci matin						
		Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) Date Comp	Pandy In			Total Depth	l	<u> </u>	P.B.T.D.		.l	
Jale Spudded	Date Comp	i. Kesty W	riou.					, .J. 1. D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					I			Depth Casin	Depth Casing Shoe		
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	RD.				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 				ļ	·		-			
						**					
U TEST KITT ANK KESUS	7 B B B B B										
V. TEST DATA AND REQUE OIL WELL (Test must be after					he equal to ou	e areaed ton all	awahla Car th	معامدا مساد	C C-11 24 t	1	
Date First New Oil Rua To Tank	Date of Ter		9 1000	ou and miss		ethed (Flow			or jui 24 nou	rs.)	
Length of Test						CIE	ME	7			
rengui or 1est	Tubing Pres	SLITE			Casing	nue	-	Chipke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.				JAN21	1992	Gas- MCF			
					-0	II CON	4. DIV				
GAS WELL Actual Prod. Test - MCF/D								•			
Actual Flot. 168 - MICIAD	Length of T	est		1	Bbis. Conder	BALE/MMCF	 	Gravity of C	ondensale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	re (Shut-ia)		Choke Size			
	1	-				(
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIA	NCE				_			
Division have been complied with and	lations of the	Oil Conser				DIL CON	NSERV	ATION	DIVISIC	N	
is true and complete to the best of my	knowledge as	nd belief.	EN 2004	7 6				1AN 2	1 1000		
$Q_1 + I_{12} \cap I_{13}$	1/1		,		Date	Approve	d ,	JAN &	1 1992		
Signature Signature	Trefr	7			By_	Ş	Trank	J.(L)	~, /		
Esther J. Greyeyes	ω pe	ration		ech	5, -				. J 		
Printed Name 1/17/92	(5)	05) 32	Title 7-98	101	Title	SUI	PERVISOF	R DISTRICT	#3		
Date			phone				•			·····	

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, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for order and the such changes.