

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Merrion Oil & Gas Corporation

Address
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter oil		Other (Please explain)	
Recompletion	☐	Oil	☒	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lessee Name SOB Federal	Well No. 1	Pool Name, including Formation Dufers Point Gallup Dakota	Kind of Lease Federal	Lease No. NM 4716
Location Unit Letter <u>E</u> , <u>1850</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>25N</u> Range <u>8W</u> , NMPM, San Juan				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 555 17th Street, 9th Floor, Denver, Co. 80202
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>8</u> Twp. <u>25N</u> Rge. <u>8W</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rea'r.	Drill
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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

VI. 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 100 bbls. for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Well No.	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

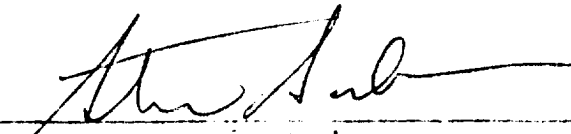
RECEIVED
NOV 05 1984
OIL CON. DIV.
DIST. 3

GAS WELL

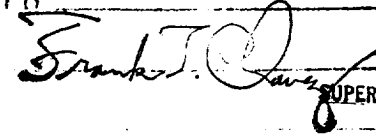
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

III. 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
(Title)

OIL CONSERVATION COMMISSION
NOV 05 1984

APPROVED _____, 1984
BY 
SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.
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