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## 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

Sama 15, New Moster 87504 2088

DISTRICE II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

|   | TOTR                    | ANSPORT OIL                            | AND NATURAL GAS  | }<br>''''! !!! <del>''</del> !! Tha ki ''''' |  |  |
|---|-------------------------|--|--|--|--|--|
| )perator  |                         |  |  | Well API No.                                 |  |  |
| MERRION OIL & GAS CO  | RPORATION               |  |  |  | and the second s |  |
| ddress  |                         | exico 87499                            |  |  |  |  |
| P. O. box 840, Farmin (Check proper box)  | ageon, New M            |  | Other (Please explain  | ·)   |  |  |
| lew Well  | Change                  | in Transporter of:                     | , .  |  |  |  |
| Recompletion  |                         | Dry Gas                                |  |  |  |  |
| hange in Operator   | Casinghead Gas          |  |  |  |  |  |
| change of operator give name  |                         |  |  |  |  |  |
| nd address of previous operator   |                         |  |  |  |  |  |
| I. DESCRIPTION OF WELL  | AND LEASE               |  | Aber   | 112. 7. 7. 1                                 | Lease No.  |  |
| ease Name Well No. Pool Name, Includin  |                         |  |  | Kind of Lease<br>State, Federal or Fee       | SF 078475  |  |
| Stephenson  |                         | Dufers Pol                             | nt Gallup Dakota   |  |  |  |
| Location  |                         |  | C  | F  | Zast u   |  |
| Unit LetterI  | <u> 1960</u>            | Feet From The                          | South Line and 660   | Feet From The                                | Last Line  |  |
|   | · 25N                   | Range 8W                               | NMPM.  | San Juan                                     | County   |  |
| Section 7 Townsh  | <u> 25N</u>             | Kange                                  | 1 1111111111111111111111111111111111111  |  |  |  |
| II. DESIGNATION OF TRAI   | NSPORTER OF             | OIL AND NATU                           | RAL GAS  |  | and the second second  |  |
| Name of Authorized Transporter of Oil   | [X] or Con              | densate                                | Address (Give address to whi   |  |  |  |
| Meridian Oil, Inc.  |                         |  | P. O. Box 4289,  | P. O. Box 4289, Farmington, New Mexico 87499 |  |  |
| Name of Authorized Transporter of Casi  | nghead Gas              | or Dry Gas 🔯                           | Address (Give address to which approved copy of this form is to be sent)  P. O. Box 840, Farmington, New Mexico 87499  |  |  |  |
| Merrion Oil & Gas Co  | orporation              |  |  | 4  | Mex1co 87433   |  |
| If well produces oil or liquids,  | Unit Sec.               | Twp. Rge                               | Is gas actually connected?   | <b>  W</b> lees <b>7</b><br><b> </b> 3/19/90 | 1  |  |
| give location of tanks.   | _                       | _                                      | No No  | 3/ 19/ 90                                    | )  |  |
| If this production is commingled with the   | it from any other lease | or pool, give comming                  | gling order number:  |  |  |  |
| IV. COMPLETION DATA   | loui-                   | Vell   Gas Well                        | New Well   Workover  | Deepen Plug Back                             | Same Res'v Diff Res'v  |  |
| Designate Type of Completion  | n - (X)                 | Vell   Gas Well                        | I New Mett   Motrover  | 1 1061-00                                    |  |  |
|   | Date Compl. Read        | ly to Payd                             | Total Depth  | [  | '  |  |
| Date Spudded  | Date Compi. Read        | iy 10 1 100.                           |  |  |  |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producin        | e Formation                            | Top Oil/Gas Pay  | Jubing Deptl                                 | 1  |  |
| LICTERONS (EXT.) IND., IN., OR., EL. )  |                         | ,                                      |  |  |  |  |
| Perforations  | <b>L</b>                |  |  | Depth Casing                                 | Shoe   |  |
|   |                         |  | and the second s |  |  |  |
|   | TUBIN                   | NG, CASING ANI                         | CEMENTING RECOR  | <u>D</u>                                     |  |  |
| HOLE SIZE   | CACING & TUDING CITE    |  | DEPTH SET  | S  | ACKS CEMENT  |  |
|   |                         |  |  |  |  |  |
|   |                         |  |  |  |  |  |
|   |                         |  |  |  |  |  |
| <br>  | Per EAD ALL             | SWADIE                                 |  |  | F  |  |
| V. TEST DATA AND REQU   | EST FOR ALLC            | JVV (SDLIE)<br>hims of load oil and mi | ist he equal to or exceed too alli   | owable for this depth or be f                | or full 24 hours)  |  |
| ()IL WELL (Test must be after recovery of total volume of load oil and mu.  [Date First New Oil Run To Tank   Date of Test  |                         |  | Producing Method (Flow, pr   | ump, gas lift, etc.)                         |  |  |
| Trate Pitst New Oil Rull 10 Talik   | Date of Text            |  |  |  |  |  |
| Length of Test  | Tubing Pressure         |  | Casing Pressure  | Chude See                                    | FIVE   |  |
| bengar va vesa  |                         |  |  | الله الله                                    | CIAE    ]  |  |
| Actual Prod. During Test  | Oil - Bbls.             |  | Water - Bbls.  | Gas- MCF                                     | U  |  |
| _   |                         |  |  | MAR1   | 4 1990   |  |
| GAS WELL  |                         |  |  | _  |  |  |
| Actual Prod. Test - MCI/D   | Length of Test          |  | libis. Condensate/MMCF   | OHIGO  | MissiDIV.  |  |
|   |                         |  |  | De   | ST. 3  |  |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut in)  |                         | Casing Pressure (Shut in)              | Choke Size   |  |  |  |
|   | }                       |  |  |  | <b>. Top</b>   |  |
| VI. OPERATOR CERTIF   | CATE OF CO              | MPLIANCE                               |  |  | 50.4010M   |  |
|   |                         |  | OIL COI  | VSERVATION                                   | DIVISION   |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |                         |  | Date Approved MAR 1 4 1990   |  |  |  |
|   |                         |  |  |  |  |  |
| Atum Alu  |                         |  | . Du   | 3 d  | 1  |  |
| Signature   |                         |  |  | 11 ,   |  |  |
| Steven S. Dunn  | Operat                  | ions <u>Manager</u>                    | 11   | SUPERVISOR DI                                | STRICT #3  |  |
| Printed Name<br>3/13/89   | 505 0                   | Title                                  | Title  |  |  |  |
| 3/ 13/ 69<br>Date   | 505=32                  | 2.7-9801                               | -  |  |  |  |

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 with Rule 111.
- 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 each pool in multiply completed wells.