

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-83

3040/N
Sept-Dec, 1984

Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87499

RECEIVED

SEP 25 1984

OIL CON. DIV.
DIST. 3

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name Custer Federal	Well No. 1	Pool Name, Including Formation Dufers Point Gallup Dakota	Kind of Lease State, Federal or Fee Federal NM	Lease No. 47168
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>25N</u> Range <u>8W</u> , NMPM, San Juan Cour				

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 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	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 M	Sec. 5	Twp. 25N	Pge. 8W	Is gas actually connected? No	When As soon as possible

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 checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Hst'v. <input type="checkbox"/> Diff. R. <input type="checkbox"/>		
Date Spudded 5/29/84	Date Compl. Ready to Prod. 9/6/84	Total Depth 6620' KB	P.B.T.D. 6578' KB
Elevations (DF, RKB, RT, GR, etc.) 6414' KB, 6401' GL	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 4610' KB	Tubing Depth 5457
Perforations 4610, 4612, 4622, 4672, 4690, 4700, 5486, 5500, 5525, 5597, 5608, 5620, 5670, 5716, 5749, 5769, 5778, 17 holes. 6342 - 6360, 38 holes,			Depth Casing Shoe 6620
TUBING, CASING, AND CEMENTING RECORD 6530 = 6540, 20 holes			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8", 24 #, J-55	209	175 sx (360.5) B
7-7/8"	4-1/2, 10.5 #/ft., J-55	6620' KB	400 sx (488 cu. ft.)
			900 sx (1854 cu. ft.)
	2-3/8"	5457' KB	100 sx (122 cu. ft.)

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

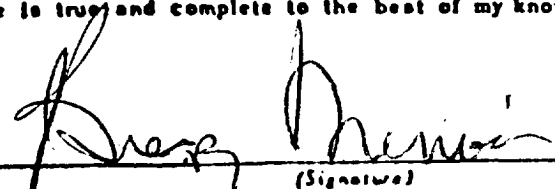
Date First New Oil Run To Tanks 9/21/84	Date of Test 9/21/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 1350	Casing Pressure 1500	Choke Size 1/4
Actual Prod. During Test	Oil - Bbls. 78	Water - Bbls. -0-	Gas - MCF 750

GAS WELL

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

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.



J. Gregory Merrion, President

(Title)

9/24/84

OIL CONSERVATION COMMISSION

SEP 25 1984

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with NUT 8 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with NUT 8 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner