| FILE | REQUEST | FOR ALLOWABLE | firm C-184 Superredes Old C-104 as Elloctive J-1-88 |
|--|---|--------------------------------|--|
| U. 8. G. 8. | AUTHORIZATION TO TR | ANSPORT OIL AND NATUR | |
| LAND OFFICE | | THE SALE OF AND MATOR | AL GAS |
| TRANSPORTER OIL | | | |
| GAS | | | |
| PROPATION OFFICE | - | | |
| Operator | | | |
| Merrion Oil & Gas Corp | poration | | |
| Address | | | |
| | Farmington, New Mexico 87 | 499 | · · |
| Reason(s) for liling (Check proper be | | Other (Please explain) | |
| Now Well | Change in Transporter of: | | <u>:</u> |
| Recompletion Change in Ownership | Oil AA Dry Go Coalinghead Gas Conde | | · |
| | | | |
| If change of ownership give name and address of previous owner | | | |
| DESCRIPTION OF WELL AND | | | |
| Lesse Name | Well No. Pool Name, Including F | | |
| Custer Federal | 1 Dufers Point G | Gallup Dakota Ext. Sidle, F | oderal or Fee Federal Nn 4716 |
| Location M 70 | 90 - South | 790 | West |
| Unit Letter M : 70 | Feet From The South Lir | ne andFeet ; | rom The |
| Line of Section 5 T | ownship 25N Ronge | 8W NMPM | an Juan co |
| | | g treet Mg | |
| Name of Authorized Transporter of C | | Address (Give address to which | approved copy of this form is to be sent |
| CONOCO, INC. Surface Tomograter of C | Transportation | | Floor, Denver, CO 80202 |
| | estinghedd Gas Cos Cos Cos Cos | Address (Live address to which | approved copy of this form is so be sens |
| Unknown | Unit Sec. Twp. Pge. | Is gas actually connected? | When |
| If well produces oil or liquids, give location of tanks. | M 5 25N 8W | No | As soon as possible |
| | | -1 | <u>-1 </u> |
| COMPLETION DATA | ith that from any other lease or pool, | give commingling order number | |
| | Oil Well - Gas Well | New Well Workover Deepe | n Plug Back Same Res'v. Dill. |
| Designate Type of Complet | <u> </u> | 1 | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top OU/Gas Pay | Tubing Depth |
| Listations (DF, KKB, KI, GK, etc.) | trains of Lionactiff Louisian | Top Ody Gas Pay | Tubing, Depin |
| Perforations | | | Depth Cosing Shoe |
| | • | | |
| | TUBING, CASING, AND | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| TEST DATA AND REQUEST I | FOR ALLOWARIE COMMISSION | (m | QELME B |
| OIL WELL | able for this de | pth or be for full 24 hours | C:E1-WE:fff |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, mp.) | as lift, etc.) |
| | | | OV 02 1984 |
| Length of Teet | Tubing Pressure | Casing Presswe | CON. DIV. |
| Actual Prod. During Tost | Oil-Bhie. | Water-Bhia. | DISTG-S MCF |
| Vernat Liga, Omital Last | | | rigit 9 |
| | | | 1 |
| GAS WELL | · | • | |
| Actual Prod. Test-MCF/D | Length at Test | Bbis. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Cooling Pressure (Shut-in) | Chote Size |
| | | | |
| CERTIFICATE OF COMPLIAN | NCE - | OIL CONSE | RVATION COMMISSION |
| | | APPROVED | ∪ γ ∪ ~ 130 - 7 |
| Commission have been complied | regulations of the Oil Conservation with and that the information given | Z. / | |
| above in true and complete to th | ne best of my knowledge and belief. | BY Sranks | · Save |
| | ; | TITLE | VISOR DISTRICT # 3 |
| 1 | + 0 | 1 | d l |
| 4 | 1 I | | d in compliance with MULE 1104. ellowable for a newly drilled or de- |
| (Sign | nature) | well, this form must be acc | ompanied by a labulation of the de- |
| OPERATIO | NS MANAGER | tests taken on the well in | accordance with MULE 111. In must be filled out completely for |
| = | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | able on new and recomplete | d wells. |
| . UCLUDEI | | | a as as a see for all a see |

will all only england to the and VI for changes of

(Tile) October 30, 1984

STATE OF NEW MEXICO ENERGY 1110 MINERALS DEPARTMENT

| DISTRIBUTION | | | |
|-----------------|-----|--|--|
| BANTA PE | | | |
| FILE | | | |
| U. 0. 0 . a. | | | |
| LAND UFFICE | | | |
| TRAMEPORTER | OIL | | |
| GAB | | | |
| OPERATOR | | | |
| PROBATUS OFFICE | | | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C:104 Revised:10:01:78 Format 05:01:83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. AUTHORIZATION T | TO TRANS | PORT O | L AND NATURA | L GAS | |
|--|--------------|---------------------------------------|--------------------------------|--|--|
| Operator Merrion Oil & Gas Corporation | | · · · · · · · · · · · · · · · · · · · | | | |
| Address | | | | | |
| F. O. Box 840, Farmington, New Mexic | 0 8749 | 9 | | DECE | |
| Reason(s) for filing (Check proper box) | | *********** | Other (Please ex | piduthA .cos | |
| New Well Change in Transporter | r of: | | | MAY 21 1985 | , |
| | 7==4 | ry Gas | | · con ! | ₹ [†] |
| Charge in Ownership Casinghead Gas | | ondensate | <u> </u> | OIL CON | |
| If change of ownership give name and address of previous owner | · | | | Ais. | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | |
| Lease Name Well No. Pool Name, | · · | | 1 | nd of Lease | Ledes No. |
| Custer Federal 1 Dufers | Point C | allup | Dakota Extis | ote, Federal or Fee Federal | NM 47168 |
| | South Lin | • and | 790 | West | |
| Line of Section 5 Township 25N | Range | 8W | , NMPM. | San Juan | County |
| Name of Authorized Transporter of Cosinghead Gas or Dry Cost with the following state of the sta | Rge. 8W | | ctually connected? | when As soon as poss | ************************************** |
| If this production is commingled with that from any other leas | e or pool, | give com | mingling order mu | mber: | |
| NOTE: Complete Parts IV and V on reverse side if neces | isary. | | | The second secon | |
| VI. CERTIFICATE OF COMPLIANCE | | | OIL COM | SERVATION DIVISION | |
| hereby cerrify that the rules and regulations of the Oil Conservation Di | ivision have | APPR | OVED | SMAY 24 Add | ` ``E' 19 |
| seen controlled with and that the information given is true and complete to my knowledge and belief. | the best of | | | San Ja La 130 | 55 |
| , | | BY. | | | <u> </u> |
| $II = I \partial U$ | | TITLE | · | SUPERVISOR DISTRICT | 3 3 |
| Attack Alle | | 77 | is form is to be | filed in compliance with mu | JLE 1104. |
| (Signature) Story S. Dunn. Operations Manager | | well, t | hi∍ form must b∈ | for allowable for a newly dr accompanied by a tabulation in accordance with mugg | n of the deviatio. |
| (Title) | | A1 | | form must be filled out com | |
| 5,731 87 (Vale) | | well ne | me or number, or | ione I, II. III, and VI for clarence transporter, or other auch cha | ings of condition. |
| | | Se | parate Forma (C- ted walls. | 104 must be filed for each | good in multipl, |

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| | **** | L | |
|--------------|------|---|----------|
| DISTRIBUTIO | DN | | |
| SANTA FE | | | |
| PILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | Γ |
| TRANSPORTER | OIL | | |
| | GAB | | |
| OPERATOR | | | |
| PROBATION OF | HC.E | | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I | | | |
|--|---|--|--|
| Operator | | | |
| Merrion Oil & Gas Corporation | | | |
| Address | D.P.A. | | |
| P. O. Box 840, Farmington, New Mexico 87499 | | | |
| Reason(s) for filing (Check proper box) | Other (Please explish) | | |
| New Well Change in Transporter of: | | | |
| Recompletion | JULO8 1985 | | |
| Change in Ownership X Casinghead Gas | Condensate | | |
| et at a series of | CON. DIV | | |
| If change of ownership give name and address of previous owner | DIST 3 | | |
| | | | |
| II. DESCRIPTION OF WELL AND LEASE | ng Formation Kind of Lease Lease No. | | |
| Lease Name Well No. Pool Name, Includi | State Federal or Fee | | |
| | Gallup Dakota Ext Sale, Federal NM47168 | | |
| Location | | | |
| Unit Letter M : 790 Feet From The South | Line and 790 Feet From The West | | |
| 5 | Ota Marké Garage | | |
| Line of Section 5 Township 25N Range | 8W , NMPM, San Jaun County | | |
| THE PROJECT OF THE AMERICAN PROPERTY OF OHE AMERICAN PROPERTY OF THE AM | DAL CAS | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Cil | KAI. GAS Address (Give address to which approved copy of this form is to be sent) | | |
| <u>.</u> | | | |
| The Mancos Corporation P. O. Box 1320, Farmington, New Mexico 87499 Name of Authorized Transporter of Casinghead Cas or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | |
| El Paso Natural Gas Co. | 1 | | |
| Unit Sec. Twp. Rge | P. O. Box 4289, Farmington, New Mexico 87499 Is gas actually connected? When | | |
| If well produces oil or liquids, | | | |
| | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | | |
| | OIL CONCEDIATION DIVIDION | | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division h | have APPROVED | | |
| been complied with and that the information given is true and complete to the be | st of | | |
| my knowledge and belief. | BY | | |
| | SUPERVISOR DISTRICT # 3 | | |
| | TITLE 335 ENVISOR DISTRICE # 3 | | |
| | This form is to be filed in compliance with RULE 1104. | | |
| 7 1 100 | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation | | |
| (Signature) | tests taken on the well in accordance with AULE 111. | | |
| Steve S. Dunn, Operations Manager | All sections of this form must be filled out completely for allow- | | |
| (Title) | able on new and recompleted wells. | | |
| 7/8/85 | Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | | |
| (Date) | Separate Forms C-104 must be filled for each pool in multiply | | |
| | completed wells. | | |