Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page 1

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

	TOTRA	ANSPORT OIL	AND NATUHAL GA	NO WELLAPL No.	
perator				Wen MI 140.	
MERRION OIL & GAS COR	RPORATION				
Idress	naton Now Mo	xico 87499			
P. O. box 840, Farmin	ngcon, New Me	AICO OTADA	Other (Please expla	in)	
cason(8) for Filing (Check proper box)	Change is	n Transporter of:	haused .		
ecompletion		Dry Gas			
hange in Operator	Casinghead Gas				
change of operator give name					
d address of previous operator					
. DESCRIPTION OF WELL	AND LEASE			Vind of Lance	Lease No.
case Name	Well No	h i		Kind of Lease State, Federal or Fee	
Custer Federal	18	Dufers Po	oint Gallup Dako	ta j	NM47168
ocation	700		South 70	90 - - W	Vest Line
Unit LetterM	:790	Feet From The	June and	90 Feet From The	Lane
-	, 25M	Range 8W	, NMPM, Sa	n Juan	County
Section 5 Townsh	nip25N	Range 8W	Main int		
II. DESIGNATION OF TRAI	NSPORTER OF (DIL AND NATU	RAL GAS		
Name of Authorized Transporter of Oil	or Cond	lensate	Addiess [Give addiess to w	hich approved copy of this for	
Meridian Oil, Inc.	LAJ		P. O. Box 4289	, Farmington, New	v 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			Farmington, New When?	PICATOO 07477
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	ls gas actually connected?	When 7 3/19/9()
ive location of tanks.		_	No		
f this production is commingled with the	at from any other lease	or poor, give comming	anng order number.		
V. COMPLETION DATA		'ell Gas Well	New Well Workover	Deepen Plug Back	Same Res'v hiff Res's
Designate Type of Completio		en Joakweil	The real reasons		j
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	РВ,Т.Б.	,
Date Spuoded	Care Compa. Read	, <u>.</u> 			
Elevations (DF, RKR, RT, GR, etc.) Name of Producing Formation		l'omation	Top Oil/Gas Pay Tubing Depth		1
		Depth Casing Shoe			
Perforations	Acceptance of the second second second			Depth Casing	f 2006
			CEMENTING RECO		ACKS CEMELLE
HOLE SIZE	CASING 8	TUBING SIZE	DEPTH SE	<u>I</u>	ACKS CEMEIT
					The second second
					and the second second
					and the second of
 v. TEST DATA AND REQU	iliga kada at i a	AVARLE.			
OIL WELL COMMON REQU	er recovery of total volu	wne of load oil and m	ist he equal to or exceed top o	allowable for this depth or be f	for full 24 hours)
() IL WELL (Test must be after recovery of total volume of load oil and m. [Date First New Oil Run To Tank Date of Test		Producing Method (Flow,	pump, gas lift, etc.)		
LOUIS THEW OH ROLL TO THINK	Trace or real				
Length of Test	Tubing Pressure		Casing Pressure	A CE P	EINEW
				W E &	Z A A Z
Actual Prod. During Test	Oit - Bbls.		Water - Bbls.	UN Class MICI	
				MAR1	4 1990
GAS WELL					20040000P114
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	THE CO	ON HOUV.
				Choke Size	ST. 3
lesting Method (pitot, back pr.)	Tubing Pressure	(Shut in)	Casing Pressure (Shut in)) Choke Size	
VI. OPERATOR CERTII	FICATE OF CO	MPLIANCE		ONSERVATION	DIVISION
I hereby certify that the rules and r	regulations of the Oil C	onservation		DINOLITANTION	211101011
Division have been complied with and that the information given above			Date Approved MAR 1 4 1990		
is true and complete to the best of my knowledge and belief.		Date Appro	ved MAK 14	וטטע	
1	X		1		
/tun			- By	3.1) d	lam!
Signature Steven S. Dunn) Operat	ions <u>Manage</u> r		-	1.
Printed Name	m sta 55.5	Title	Title	SUPERVISOR DI	SIRICI 83
3/13/89	505-32	27-9801	- []		
Date		Telephone No.	11		

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.