

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

31161N
7-27-84

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

RECEIVED

JUL 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

Lease Name Stephenson	Well No. 3	Pool Name, Including Formation Dufers Point Gallup Dakota	Kind of Lease State, Federal or Fee Federal S	Lease No. 078475
Location Unit Letter <u>K</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>25N</u> Range <u>8W</u> , NMPM, San Juan County				

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 K	Sec. 8	Twp. 25N	Rge. 8W
	Is gas actually connected?		When	
	No		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"/> Some Reev't. <input type="checkbox"/> Drill. Res. <input type="checkbox"/>		
Date Spudded 6/6/84	Date Compl. Ready to Prod. 7/16/84	Total Depth 6667' KB	P.B.T.D. 6580' KB
Elevations (DF, RKB, RT, GR, etc.) 6514' KB, 6501' GL	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 4676' KB	Tubing Depth 6422' KB
Perforations 4676, 4678, 4685, 4691, 4696, 5550, 5562, 5569, 5596, 5664, 5675, 5686, 5759, 5794, 5819, 5824, 5832, 5842, 5881, 5924, 5934, 6406, 6426,			Depth Casing Shoe 6662' KB
TUBING, CASING, AND CEMENTING RECORD Total 62 holes			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	209' KB	175 sx (360.5 cu. ft.) E
7-7/8"	4-1/2"	6662' KB	400 sx (488 cu. ft.) H
			950 sx (1957 cu. ft.) E
	2-3/8"	6422' KB	100 sx (122 cu. ft.) H

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 top oil
able for this depth or be for full 24 hours)

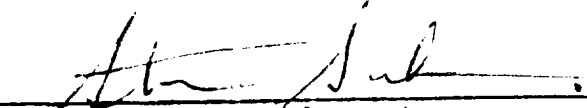
Date First New Oil Run To Tanks 7/20/84	Date of Test 7/21/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 100	Casing Pressure 700	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 180	Water-Bbls. -0-	Gas-MCF 274

GAS WELL

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


(Signature)
Steve S. Dunn, Operations Manager
(Title)
7/24/84
(Date)

OIL CONSERVATION COMMISSION

JUL 25 1984

APPROVED _____
Original Signed by FRANK T. CHAVEZ

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 deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transportation or other such change of condition.