

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

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-85

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

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

**I. DESCRIPTION OF WELL AND LEASE**

Lessee Name <b>Stephenson</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Dufers Point Gallup Dakota</b>	Kind of Lease <b>Federal</b>	Lease <b>SF 078475</b>
Location Unit Letter <b>0</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1879</b> Feet From The <b>East</b> Line of Section <b>8</b> Township <b>25N</b> Range <b>8W</b> , NMPM, San Juan Cour				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco, Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>555 17th Street, 9th Floor, Denver, Co. 80202</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289, Farmington, New Mexico 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>8</b>	Twp. <b>25N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>No</b>	When <b>As soon as possible</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <b>X</b>	Gas Well	New Well <b>XX</b>	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
Date Spudded <b>8/16/84</b>	Date Compl. Ready to Prod. <b>10/19/84</b>	Total Depth <b>6730' KB</b>		P.B.T.D. <b>6679' KB</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>6530' KB, 6517' GL</b>	Name of Producing Formation <b>Gallup/Dakota</b>	Top Oil/Gas Pay <b>5553</b>		Tubing Depth <b>6406' KB</b>				
Perforations <b>6602 - 6612, 20 holes; 6415 - 6435, 40 holes; 5553, 5564, 5578, 5595, 5641, 5656, 5666, 5673, 5758, 5894, 5824, 5835, 5840, 5880, 5892, 5904</b>		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD <b>5926, 5936, 6002, 19 holes</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>12-1/4"</b>	<b>8-5/8", 24 #/ft, J-55</b>	<b>212' KB</b>		<b>170 sx (207.4 cu. ft.)</b>				
<b>7-7/8"</b>	<b>4-1/2", 10.5 #/ft, J-55</b>	<b>6722' KB</b>		<b>400 sx (488 cu. ft.) H</b>				
				<b>950 sx (1957 cu. ft.)</b>				
	<b>2-3/8"</b>	<b>6406</b>		<b>100 sx (122 cu. ft.) H</b>				

**VI. 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 of well for this depth or be for full 24 hours)

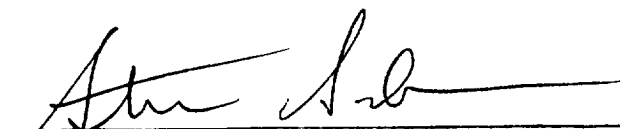
Date First New Oil Run To Tanks <b>11/7/84</b>	Date of Test <b>11/12/84</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>200</b>	Casing Pressure <b>400</b>	Choke Size <b>3/4</b>
Actual Prod. During Test	Oil - Bbls. <b>130</b>	Water - Bbls. <b>-0-</b>	Gas - MCF <b>994</b>

**GAS WELL**

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

**III. 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)  
**11/12/84**  
(Date)

**OIL CONSERVATION COMMISSION**

**NOV 20 1984**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **Original Signed by FRANK T. CHAVEZ**

TITLE **SUPERVISOR DISTRICT #3**

This form is to be filed in compliance with RULE 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 device tests taken on the well in accordance with RULE 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 well name or number, or transporter, or other such change of conditions.