

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|-------------------------------------|
| I. Operator MERRION OIL & GAS CORPORATION | | Well API No. |
| Address P. O. box 840, Farmington, New Mexico 87499 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| Lease Name Yucca Com | Well No. 1 | Pool Name, Including Formation Dufers Point Gallup Dakota | Kind of Lease State, Federal or Fee | Lease No. LG 3496 |
| Location Unit Letter H : 1850 Feet From The North Line and 790 Feet From The East Line Section 2 Township 25N Range 9W, NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Merrion Oil & Gas Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 840, Farmington, New Mexico 87499 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? When? | |
| | No 3/19/90 | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.H.T.D. | | | |
| Elevations (DF, RKB, RI, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 allowable for this depth or be for full 24 hours)

| | | |
|--------------------------------|-----------------|---|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |

RECEIVED
MAR 14 1990

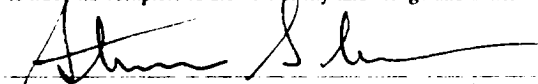
GAS WELL

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

OIL CON. DIV.
DIST. 3

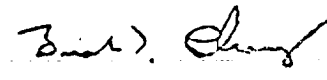
VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
Printed Name Steven S. Dunn Operations Manager
Date 3/13/89 Telephone No. 505-327-9801

OIL CONSERVATION DIVISION

Date Approved MAR 14 1990

By 
Title SUPERVISOR DISTRICT 13

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.

RECEIVED
JUN 1968
VIA AIR MAIL
\$ 12.00

1968 JUN 19

1968 JUN 19
1968 JUN 19