

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

Merrion Oil & Gas Corporation

Address

Post Office Box 1017, Farmington, New Mexico 87499

Reason(s) for filling (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter oil

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name

Western

Well No.

2

Pool Name, including Formation

Gallegos Gallup

Kind of Lease

State, Federal or Fee

Federal SF

Lease No.

07889

Location

Unit Letter

P

:

660

Feet From The

South

Line and

660

Feet From The

East

Line of Section

7

Township

26N

Range

11W

NMPM,

San Juan

Co

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

CONOCO, INC. Surface Transportation

Address (Give address to which approved copy of this form is to be sent)

555 17th Street, 9th Floor, Denver, CO 80202

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 990, Farmington, New Mexico 87499

If well produces oil or liquids, give location of tanks.

Unit

J

Sec.

7

Twp.

26N

Rge.

11W

Is gas actually connected?

Yes

When

April, 1974

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

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resrv.

Diff.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, 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

3. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shot-in)

Casing Pressure (Shot-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

OPERATIONS MANAGER

October 30, 1984

OIL CONSERVATION COMMISSION

NOV 02 1984

APPROVED

BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filled 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 dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for wells on new and recompleted wells.