

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
MERRION OIL & GAS CORPORATION

Address
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Change of Operator

Operator
If change of ownership, give name and address of previous owner
Merrion & Bayless, Box 1541, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name Western	Well No. 3	Pool Name, including Formation Gallegos Gallup	Kind of Lease State, Federal or Free Federal SF	L 078
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>26N</u> Range <u>11W</u> , NMPM, San Juan				

II. 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) Petroleum Plaza Building, Farmington, NM
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>7</u> Twp. <u>26N</u> Rge. <u>11W</u>	Is gas actually connected? <u>Yes</u> When <u>3-26-74</u>

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 Rest'v.	D
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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					

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 allowable for this depth or be for full 24 hours)

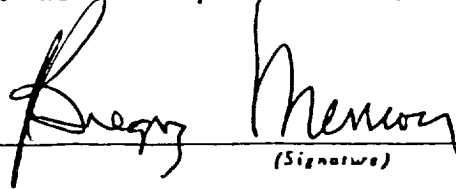
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. 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.


J. GREGORY MERRION, President
(Title)

12/2/81

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1981, 19
BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #

This form is to be filed in compliance with RULE 1104
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes