

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
Effective 1-1-65

Operator
Merrion Oil & Gas Corporation
Address
Post Office Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Delhi Taylor C	Well No. 1	Pool Name, including Formation Basin Dakota - Gallegos Gallup	Kind of Lease Federal State, Federal or Fee	Lease SF 07864
Location Unit Letter M : 790 Feet From The South Line and 790 Feet From The West Line of Section 4 Township 26N Range 11W, 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"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 4 26N 11W	Is gas actually connected? When Yes 3/1959

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Drill <input type="checkbox"/>		
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

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 to be able for this depth or be for full 24 hours)

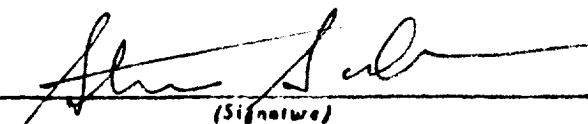
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


(Signature)

OPERATIONS MANAGER

(Title)

October 30, 1984

OIL CONSERVATION COMMISSION

APPROVED  NOV 02 1984, 19

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

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