

DATE RECEIVED  
SALE TAX  
FILE  
UNIT S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
REGISTRATION OFFICE  
Operator

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

Form OCM-1  
Supersedes Old OCM-1  
Effective 1-1-65

MERRION OIL & GAS CORPORATION

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

Present(s) for filing (Check proper box)

New Well ☐  
Perforation ☐  
Change in Ownership ☐  
Operator

Change in Transporter ☐

Oil ☐  
Gas and Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

Change of Operator

If change of ownership give name and address of previous owner: Merrion & Bayless, Box 507, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

|                        |                 |                                                   |                                                |                       |
|------------------------|-----------------|---------------------------------------------------|------------------------------------------------|-----------------------|
| Lease Name<br>Frontier | Well No.<br>1   | Pool Name, including Formation<br>Gallegos Gallup | Kind of Lease<br>State, Federal or Fee Federal | County<br>SF081<br>02 |
| Unit Letter<br>K       | 1850            | Feet From The<br>South                            | 1850                                           | Feet From The<br>West |
| Line of Section<br>5   | Township<br>26N | Range<br>12W                                      | 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"/><br>The Permian Corporation  | Address (Give address to which approved copy of this form is to be sent)<br>Box 3119, Midland, Texas 79701        |             |              |                                   |                       |
| Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>Box 990, Farmington, New Mexico 87401 |             |              |                                   |                       |
| If well produces oil or liquids, give location of tanks.<br>Unit<br>K                                                                        | Sec.<br>5                                                                                                         | Twp.<br>26N | Range<br>12W | Is gas actually connected?<br>Yes | When<br>October, 1958 |

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)<br>Oil Well <input checked="" 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"/> Other Restr. <input type="checkbox"/> Diff. <input type="checkbox"/> | Date Spudded                | Date Compl. Ready to Prod. | Total Depth   | P.B.T.D.          |
| Elevations (DF, F.A.E., RT, GR, etc.)                                                                                                                                                                                                                                                                                            | Name of Producing Formation | Top Oil/Gas Pay            | Testing Depth | Depth Casing Shoe |
| Perforations                                                                                                                                                                                                                                                                                                                     |                             |                            |               |                   |

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

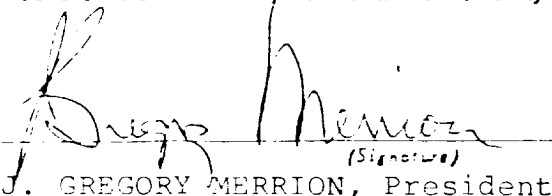
|                                 |                 |                                     |
|---------------------------------|-----------------|-------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, lift, etc.) |
| Length of Test        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

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.

  
J. GREGORY MERRION, President  
(Title)

10/21/81

OIL CONSERVATION COMMISSION

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

BY Original Signed by FRANK I. 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 dev tests taken on the well in accordance with RULE 111.

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

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