

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Albuquerque, New Mexico 87101-0208

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MERRION OIL & GAS CORPORATION		Well API No.
Address P. O. BOX 840, FARMINGTON, NEW MEXICO 87499		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Effective 3/1/90	
Recompletion ☐	Oil ☒ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hickman A	Well No. 2	Pool Name, Including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee	Lease No. SF-080384B
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Section 3	Township 26N	Range 12W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil, Inc.	P.O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 4990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit L Sec. 3 Twp. 26N Rge. 12W	Yes 1/60

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	PHED
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.

GAS WELL

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

RECEIVED
FEB 28 1990
GRAVITY OF CONDENSATE
OIL CON. DIV.
CHOKES
DIST. 2

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
Steven S. Dunn
Printed Name
Date 2-26-90
Operations Manager
Title
(505) 327-9801
Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1990

Date Approved

By

Supervisor

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in accordance with Rule 1101 with Rule 111.

- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.