

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.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-11  
 Effective 1-1-65

Operator  
**MERRION OIL & GAS CORPORATION**

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  Change of Operator  
 Change in Ownership  Casinghead Gas  Condensate

If change of ~~operator~~ <sup>Operator</sup> give name and address of previous owner J. Gregory Merrion & Robert L. Bayless, Box 507, Farmington, NM

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Chartier</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Gallegos Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal SF081</b>
Location Unit Letter <b>I</b> : <b>2310</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>East</b> Line of Section <b>4</b> Township <b>26N</b> Range <b>12W</b> , NMPM. <b>San Juan</b>			

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Rock Island Oil &amp; Refining Company</b> <i>VLA</i>	Address (Give address to which approved copy of this form is to be sent) <b>321 W. Douglas, Wichita, Kansas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico 87401</b>
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> , Sec. <b>4</b> , Twp. <b>26N</b> , Rge. <b>12W</b> , Is gas actually connected? <b>Yes</b> , When <b>January, 1960</b>

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 Res'v. Dr.
<input checked="" 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				

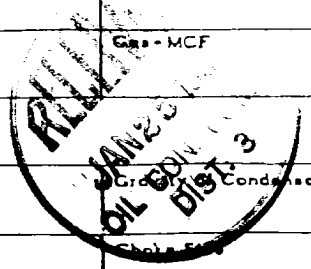
**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of load oil and must be equal to or exceed 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					
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.

*Steve S. Dunn*  
 (Signature)  
**STEVE S. DUNN, Operations Manager**  
 (Title)

1/21/82

**OIL CONSERVATION COMMISSION**

APPROVED JAN 25 1982, 19\_\_  
 BY **Original Signed by FRANK T. CHAVEZ**  
 TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 110:  
 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! Able on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes