

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

cc: 4 NMOCB
1 Well File
1 Acct, Martha
1 Taxes, Christa

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Merrion Oil & Gas Corporation		Well API No. 30-045-22310
Address P. O. Box 840, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) * Footage change		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaco	Well No. 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM 22046
Location Unit Letter N : * 908 Feet From The South Line and * 1807 Feet From The West Line Section 7 Township 26N Range 12W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7	Twp. 26N	Rge. 12W	Is gas actually connected? Yes	When? June, 1977

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 X	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 2-24-77	Date Compl. Ready to Prod. 5-27-90		Total Depth 1260'		P.B.T.D. 1129'			
Elevations (DF, RKB, RI, GR, etc.) 5958' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1100'		Tubing Depth 1072' KB			
Perforations 1100' - 1120'					Depth Casing Shoe 1278'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7-7/8"	5-1/2"		41'		10 sx "B"			
4-3/4"	2-7/8"		1253'		100 sx "G"			
2-7/8"	1"		1072'					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 47 MCF/D	Length of Test 24 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 20 psi	Casing Pressure (Shut-in) 140 psi	Choke Size 1/4"

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
11-6-90
Date
505 327-9801
Telephone No.

Operations Manger
Title

OIL CONSERVATION DIVISION

NOV 08 1990

Date Approved

By

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.