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| | 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-104 and C-110
Effective 1-1-65

| | |
|--|---|
| Operator MERRION OIL & GAS CORPORATION | |
| Address P. O. Box 1017, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change of Operator | |
| If change of ownership give name and address of previous owner Operator J. Gregory Merrion & Robert L. Bayless, Box 1541, Farmington, NM | |

| | | |
|-------------------------------|---|-----------------------|
| DESCRIPTION OF WELL AND LEASE | | Lease No. |
| Lease Name Chaco | Well No. Pool Name, Including Formation 3 NIPP Picture Cliff | Federal SF080238A |
| Location | | |
| Unit Letter H | 1850 Feet From The North Line and 790 Feet From The East | |
| Line of Section 12 | Township 26N Range 13W | NMPM, San Juan County |

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|--|------|--|--------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | | | |
| 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 | | Box 990, Farmington, New Mexico 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | | | Pge. |
| | | | Is gas actually connected? Yes |
| | | | When June, 1978 |

| | | | | | | | | | |
|---|-----------------------------|-----------------|--------------|--|--|--|--|--|--|
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | |
| COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion -- (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | | |
| Elevations (DF, RKB, RT, CR, 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 | | | | | | |
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| 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 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 | | Bbls. Condensate/MCF | | Gravity of Condensate | |
| Actual Prod. Test-MCF/D | Length of Test | | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-in) | Choke Size | | |

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| I. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED _____, 19__ | |
| J. GREGORY MERRION, President | | Original Signed by FRANK T. CHAVEZ | |
| (Signature) | | BY SUPERVISOR DISTRICT # 3 | |
| (Title) | | TITLE _____ | |
| 10/20/81 | | This form is to be filed in compliance with RULE 1104. | |
| (Date) | | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | |
| | | Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | |
| | | Separate Forms C-104 must be filled for each pool in multiply | |