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Appropriate District Office
DISTRICT1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C 101 Revised t-1-89 See Instructions at Bottom of Page

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

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

OIL CONSERVATION DIVISION

copies:

OCD, Aztec

Well File

| 87410 | <b>, ,</b>                               |
|-------|--|
| 0/410 | PROUEST FOR ALLOWARD E AND ALTUODIZATION |
|       | REQUEST FOR ALLOWABLE AND AUTHORIZATION  |
|       |  |
|       | TO THANCHOHT OIL AND MATHEMAL CAC        |

1 Accounting

| DISTRICTMI   | Banta 1 c, 1 tc w 1 tic                    | NICO 07504 2000  | 1 Accounting   |  |
|--|--|--|--|--|
| 1000 Rio Brazos Rd., Aztec, NM 87410                     | REQUEST FOR ALLOWAR                        | LE AND AUTHORIZATION   | 1 Land Dept  |  |
| 1.   | TO TRANSPORT OIL                           |  | т вана верс  |  |
| Operator   | 10 manor om oil                            | Well API No.   |  |  |
| MERRION OIL & GAS CO                                     | RPORATION                                  | 1  |  |  |
| Addiess  |  | <u> </u>   |  |  |
|  | ngton, New Mexico 87499                    |  |  |  |
| Reason(s) for Filing (Check proper box)                  |  | Other (Please explain)   |  |  |
| (-i  | Change in Transporter of                   | Collect (Finance expression)   |  |  |
| New Well L_I   | Change in Transporter of:                  |  |  |  |
| Recompletion   | Oil Dry Gas                                |  |  |  |
| Change in Operator                                       | Casinghead Gas Condensate                  | The state of the s |  |  |
| If change of operator give name                          | Mourage tra D O Poy                        | 46555, Denver, CO 80201-655  | ξς.  |  |
| and address of previous operator                         | Texaco, Inc., P. U. Box                    | 40333, Denver, CO Buzut 03.  | J  |  |
| II. DESCRIPTION OF WELL                                  | AND LEASE                                  |  |  |  |
| Lease Name   | Well No.   Pool Name, Includi              | ng Formation Kind of Lease   | Lease No.  |  |
| Hanlad Federal   | 2 WAW Picture                              | ed Cliffs Fruitland State, Register or   | 1°° NM 16473   |  |
| Location   |  |  |  |  |
| *  | . 790 to tour the N                        | orth Line and 790 Feet From T  | he <b>East</b> Line  |  |
| Unit LetterA   | _ : Fed From The                           | Line and 750 Peet Florin   | lic Exist  |  |
| 21 7   | in 26N Range 12W                           | NMPM, San Juan   | County   |  |
| Section 31 Townshi                                       | ip 26N Range 12W                           | ,  |  |  |
| THE RESPONDENCE APPROACH CAPTURES AS                     | cooper of all AND NATE                     | DAL CAC  |  |  |
|  | NSPORTER OF OIL AND NATU                   | Address (Give address to which approved copy of the  | his form is to be sent)  |  |
| Hame of Authorized Transporter of Oil                    | or Condensate                              | Montess (Give mass to which if provide only ) is   | ,  |  |
|  |  |  | tie form is to be could  |  |
| Name of Authorized Transporter of Casin                  |  | Address (Give address to which approved copy of the  |  |  |
| El Paso Natural Gas Com                                  | pany                                       | P. O. Box 4990, Farmington   | . NM87499  |  |
| If well produces oil or liquids,                         | Unit Sec. Twp. Rge.                        | Is gas actually connected? When ?  |  |  |
| give location of tanks.                                  | 1  | yes  |  |  |
| If this preduction is commingled with that               | from any other lease or pool, give comming | ling order number:   |  |  |
| IV. COMPLETION DATA                                      |  |  |  |  |
|  | Oil Well Gas Well                          | New Well Workover Deepen Plug B  | ack Same Res'v Diff Res'v  |  |
| Designate Type of Completion                             |  |  | i i  |  |
| Date Spudded   | Date Compl. Ready to Prod.                 | Total Dejth P.B.T.I  | , I I  |  |
| Trate Spanies  | Date Compile ready to 1100.                |  | <b>'</b> .   |  |
| Charles (DE BED BE CO at )                               | Name of Bertales Beauties                  | Top Oil/Gas Pay  | Donath   |  |
| Flevations (DF, RKB, RT, GR, etc.)                       | Name of Producing Formation                | Top On Gas Pay Tubing  | 13cpm  |  |
| Perforations   | _L   | · L  | Casing Shoe  |  |
| r erroranous   |  | [17]   | asing snoc   |  |
|  |  |  |  |  |
|  | TUBING, CASING AND                         | CEMENTING RECORD   |  |  |
| HOLE SIZE  | CASING & TUBING SIZE                       | DEPTH SET  | SACKS CEMENT   |  |
|  |  |  |  |  |
|  |  | · · · · · · · · · · · · · · · · · · ·  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| - (* - 4-1584) <b>15.74</b> 5.77 <b>3.815.15.95</b> 3.11 | 500 6336 311 330 361 6                     | <u></u>  |  |  |
| V. TEST DATA AND REQUI                                   |  | •  |  |  |
|  | •  | st be equal to or exceed top allowable for this depth o  | or be for full 24 hours)   |  |
| Date First New Oil Run To Tank                           | Date of Test                               | Producing Method (Flow, purip, gas lift, etc.)   |  |  |
|  |  |  |  |  |
| Length of Test   | Tubing Pressure                            | Casing beas 5 5 2 1 1 1 100kc  | Size   |  |
|  |  |  |  |  |
| Actual Prod. During Test                                 | Oil - Bbls.                                | Watch tolk   | iCF *  |  |
|  |  | AUG 2 7 1990   |  |  |
| • •• • • • • • • • • • • • • • • • • • •                 | L  |  |  |  |
| GAS WELL   |  | OIL CON. DIV.  |  |  |
| Actual Prod. Test - MCI7D                                | Length of Test                             | Bbls. Condensate/MMCE Gravit   | y of Condensate  |  |
|  |  | DIST. 3  |  |  |
| lesting Method (pilot, back pr.)                         | Tubing Pressure (Shut-in)                  | Casing Piessure (Shut in) Choke  | Size   |  |
|  |  | , and the same time  |  |  |
| \$15 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5               |  |  |  |  |
| VI. OPERATOR CERTIFI                                     |  | OIL CONGEDUATES  | SELES DI MOLES EL  |  |
| I hereby certify that the rules and rep                  | gulations of the Oil Conservation          | OIL CONSERVATION DIVISION  |  |  |
| Division have been complied with a                       | nd that the information given above        |  | 4000   |  |
| is true and complete to the best of m                    | y knowledge and belief.                    | Data Approved AUG 2  | טצפו ט   |  |
| 11 - 00  |  | Date Approved  |  |  |
| HAM. 11  | A  |  | $\Lambda$  |  |
| Signature  |  | By_ 3> €   | thank  |  |
| Steven S. Dunn   | Operations Manager                         |  |  |  |
| Printed Name   | Title                                      | SUPERVISOR   | DISTRICT /3  |  |
| 8-22-90  | (505) 327-9801                             | Title  | THE RESERVE OF THE RE |  |
| Date   | Telephone No.                              | II.  |  |  |

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.