

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Merrion oil & Gas Corporation

Address  
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Well #6E to #6  
1st delivery

If change of ownership give name and address of previous owner  
Lennisco Oil Co

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OIL CON. DIV  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Delhi Taylor	Well No. 6	Pool Name, including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. 079679
Location Unit Letter C : 990 Feet From The North Line and 1450 Feet From The West Line of Section 17 Township 26N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc, Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4298, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit C Sec. 17 Twp. 26N Rge. 11W	Is gas actually connected? Yes When 3/28/85


If this production is commingled with that from any other lease or pool, give commingling order number.

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Operations Manager  
(Title)  
4/22/85  
(Date)

OIL CONSERVATION DIVISION  
APR 29 1985  
APPROVED  
BY   
SUPERVISOR DISTRICT 3  
TITLE

This form is to be filed in compliance with RULE 1104.  
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 filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX			<del>XXX</del>		X		
Date Spudded 12/4/79	Date Compl. Ready to Prod. 4-4-85		Total Depth 6198'			P.B.T.D. 5980' KB			
Elevations (DF, RKB, RT, CR, etc.) 6158' KB, 6147' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5018' KB			Tubing Depth 5317' KB			
Perforations 5018, 5030, 5044, 5066, 5117, 5120, 5123, 5129, 5150, 5189, 5248, 5252, 5256, 5260, 5263, 5266, 5269, 5296, 18 holes						Depth Casing Shoe 6198'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		523		450 sx			
7-7/8"		4-1/2"		6193		1910 sx			
		2 3/8		5317					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 4/4/85	Date of Test 4/21/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 60 PSIG	Casing Pressure 60 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 13	Water - Bbls.	Gas - MCF 83

#### GAS WELL

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