

OIL CONSERVATION DIVISION

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

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<br>MERRION OIL & GAS CORPORATION                                                                                                                                                                                                                                                                                                                                                     |  | Well API No.                                    |
| Address<br>P. O. BOX 840, FARMINGTON, NEW MEXICO 87499                                                                                                                                                                                                                                                                                                                                        |  |                                                 |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 3/1/90<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  | <input type="checkbox"/> Other (Please explain) |
| If change of operator give name and address of previous operator                                                                                                                                                                                                                                                                                                                              |  |                                                 |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                       |               |                                                   |                                        |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|----------------------------------------|------------------------|
| Lease Name<br>Delhi Taylor A                                                                                                                          | Well No.<br>6 | Pool Name, Including Formation<br>Gallegos Gallup | Kind of Lease<br>State, Federal or Fee | Lease No.<br>SF-079679 |
| Location<br>Unit Letter C : 990 Feet From The North Line and 1450 Feet From The West Line<br>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"/><br>Meridian Oil, Inc.                  | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4289, Farmington, New Mexico 87499 |               |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4990, Farmington, New Mexico 87499 |               |
| If well produces oil or liquids, give location of tanks.<br>Unit C Sec. 17 Twp. 26N Rge. 11W                                                            | Is gas actually connected?<br>Yes                                                                                       | When?<br>3/85 |

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)<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v | Date Spudded                | Date Compl. Ready to Prod. | Total Depth  | P.B.T.D.          |
| Elevations (DF, RKB, RI, GR, etc.)                                                                                                                                                                                                                                                                                                  | Name of Producing Formation | Top Oil/Gas Pay            | Tubing Depth | Depth Casing Shoe |
| Perforations                                                                                                                                                                                                                                                                                                                        |                             |                            |              |                   |
| HOLE SIZE                                                                                                                                                                                                                                                                                                                           | CASING & TUBING SIZE        | DEPTH SET                  | SACKS CEMENT |                   |

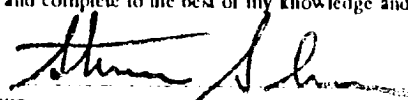
V. TEST DATA AND REQUEST FOR ALLOWABLE

|                                                                                                                                                        |                           |                                               |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------|-----------------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 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                                                                                                                              | Length of Test            | Bbls. Condensate/MMCF                         | Gravity of Condensate |
| Testing Method (pilot, back pr.)                                                                                                                       | Tubing Pressure (Shut in) | Casing Pressure (Shut in)                     | Choke Size            |

RECEIVED  
FEB 28 1990  
OIL CONSERVATION DIV.  
DIST. 3

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.

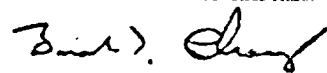
Signature   
Steven S. Dunn Operations Manager  
Printed Name Title  
2-26-90 (505) 327-9801  
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1990

Date Approved

By



SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101, promulgated by adoption of regulations 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.