

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Well #5E to APR 26 1985

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Delhi Taylor	Well No. 5	Pool Name, including Formation Gallinas Gallup	Kind of Lease State, Federal or Fee Federal SP	Lease No. 079679
Location				
Unit Letter I	2350	Feet From The South	Line and 990	Feet From The East
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, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit I	Sec. 17
Twp. 26N	11W
4-30-85	

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)

Steve S. Dunn, Operations Manager  
(Title)

4/25/85  
(Date)

OIL CONSERVATION DIVISION  
4-30-85  
APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
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 multiple completed wells.

# IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't	Diff. Res't
Date Spudded	12/14/79	Date Compl. Ready to Prod.	2/28/85	Total Depth	6210' GT	P.B.T.D.	6025' KB	Tubing Depth	5346' KB
Elevations (DF, RA, RT, CR, etc.)	6202' GT, 6213' KB	Name of Producing Formation	Gallup	Top Oil/Cas Pay	5159' KB	5346' KB	Depth Casing Shoe	6210' GT	5309, 5311, 5315, 5338
Perforations	5159, 5164, 5167, 5184, 5289, 5291, 5293, 5296, 5301, 5306,	TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		504		400 SK		1675 SK	
7-7/8"		4-1/2"		6210					
		2 3/8		5346					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  
 (Test must be after recovery of total volume of flood 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	2/24/85	Date of Test	4/25/85	Producing Method (Flow pump, gas lift, etc.)	Flowing
Length of Test	24 hours	Tubing Pressure	60	Casing Pressure	60
Actual Prod. During Test	Oil-Bbls. 7	Water-Bbls.	Trace	Gas-MCF	326

# GAS WELL

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

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SANTA FE, NEW MEXICO 87501

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AND  
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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

**I. Operator**  
Merriam Oil & Gas Corporation

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

**Reason(s) for filing (Check proper box)**

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

**Other (Please explain)**  
1st delivery of gas 5/1/85

**Stamp:** MAY 02 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Delhi Taylor	<b>Well No.</b> 5E	<b>Pool Name, including Formation</b> Gallegos Gallup	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> SF 079679
<b>Location</b>				
Unit Letter <u>I</u> ; <u>2350</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>I</u> Township <u>26N</u> Range <u>11W</u> , NMPM, San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

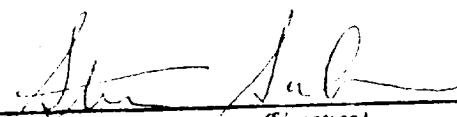
<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc., Surface Transporter	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 1429, Bloomfield, New Mexico 87413
<b>Name of Authorized Transporter of Casinghead Gas</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 4289, Farmington, New Mexico 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected?</b> Yes
<b>Unit</b> <u>I</u> <b>Sec.</b> <u>17</u> <b>Twp.</b> <u>26N</u> <b>Rge.</b> <u>11W</u>	<b>When</b> <u>5/1/85</u>

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)  
Steve S. Dunn, Operations Manager  
(Title)  
5/1/85  
(Date)

OIL CONSERVATION DIVISION

APR 30 1985

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

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