STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

4/25/85

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DISTRIBUTIO				
SANTA PE				
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LAND OFFICE				
TRANSPORTER				
UAS				
OPERATOR				
PROBATION 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

Fill out only Sections I. II. III. and VI for changes of owne 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.

DECLIECT COD ALLOWARIE

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OPERATOR								ND			~ 41	•		
PROBATION OF	PICE				AUTHOR	IZATIO	N TO TRANS	PORT O	L AN) NA I UI	RAL GA	•		
1.							 							
Operator				_							•			
Merrion	<u>Oil</u>	å	Gas (Corpora	tion						5=	10000		
Address							05.400) EGENI		
P. O. B	вох 1	017	, Fa	cmingto	n, Nev	и Межі	co 87409		Tou.	ı (Please			/ 13 	}}
Reoson(s) for	iling (hec	k proper	pos)					_	•		3, JLP	· • • • • • • • • • • • • • • • • • • •	17
New Well					Change II	u sanabo	_	_	le	cll#	5E "	在APP 26 19.		.*
X Recomplet	ion				딜애		7	y Gas	ŀ		•	1.1 · · ·	O	
Change in	Owners	hlp			Cast	nghead G	as (ondensate				14.		
				- 1			0:00					1 1 1 1 V	ę	
If change of or and address of	wnersh (nrevi	ip (ive nat owner.		esin	200	Ort Co	2						
and address of	, p													
II. DESCRIP	поп	OF.	WELL	AND LE	ASE						Kand of			Lease No.
Lease Name					Well No.	Pool No	ime, including	otwatton.			1	ederal or Fee Fed	ara1 CT	
Delhi T	raylo	r			5	Gall	comps Gall	.up			31014, 1	recition to tech	star on	075675
Location												iin a t		•
Unit Letter	J		, 2	350	Feet Fro	om The 🚉	outh <u>L</u>	ne and	990		Feet I	rom The East		
July 201101					_							den Tues		County
Line of Sec	tion	1	7	Township	2	614	Range	1111		, NMPM	١,	San Juan		County
Name of Author Conoco Name of Author El Paso If well product	Natu	Si Fron ra.	urfac porter d	e Trans	or Cosporation	tion To	Ory Gos	P. O.	Box 1. Box	429, Fai	mingtor to which Farmi	ngton. New Mexico 8 ngton. New Mexico 8 ngton. New Mexico 10 ngton. New	7499 s form is to	be sent)
give location										ling orde				
If this produc	tion is	COT	nmingle	d with the	et from =	ny other	lease or pool	, give co	mming.	iing orac	, igomoc			
NOTE: Co:	mhlete	. Pa	rts IV	and V on	reverse	side if n	iecessary.							
								11		ם וים	ONSE	RVATION DIVIS	ION	
VI. CERTIFI	CATE	OF	COM	PLIANCE	Ę			1/-	2n-8	ر الراك الراك	, O110E.			
		. 1		-ulasions o	febe Oil C	Conservatio	on Division hav	APP	ROVE	() ED		APR 3 (11205	19
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					f	Original Signed by FRANK T. CHAVEZ								
my knowledge	and beli	cf.		·				BY_			Urigino			_
•				j					-			SUPERVISOR	DISTRICE 素	, 3
	1	<u>_</u>		(Signature)				well,	This f If this this taker	is a req form mus	uest for t be acc well in	d in compliance was allowable for a necompanied by a teleaccordance with	wly drille oulation of NULE 111	id or deeper f the devise *
Stere	S D	71111	<u>1 - Un</u>	eration	is thill	44,000			A11 ,00	ctions of	thin fo	m must be filled o	ut comple	tely for all
1/25/05						able on new and recompleted wells.								

Form C-104 Revised 10-01-78 Format 06-01-63

		i	
Cypre gire	Costng Pressure (Bbat-12)	Tubing Pressue (Shut-Ln)	esting Method (puot, back pr.)
Gravily of Condensate	Bble, Condensate/MMCF	Length of Test	Ciual Prod. Teet-MCF/D
•			THAN SV
356	trace	L	
Com-MCF	Wolet - Bole.	011-8516.	etuol Prod. Duting Teet
3/4	09	09	24 hours
exi2 exod) ()	Castng Pressure	Tubing Preseure	1seT to digne.
49117	Dronucing (1111)	4/22/82	58/1/2
(**)1 *1/17 *	Producing Method (r low pump, ga	Date of Test	ate First New Oll Run To Tonke
xs slat			
off and must be equal to or exceed top as	23 मुर	8/E T	
XS C/91			
	0/60/ 9	4-1/5"	9 / 1 – 1
xs 004	705	"2\I-4 "8\2-6	"8/ <i>T-T</i>
			72-1/4" HOLE SIZE
400 SX	705	6-2\8"	
#00 SX POLIC CEMENT POLIC CONTROL Depth Control Shoe	ND CEMENTING RECORD	TUBING, CASING, A	TS-T\4" HOLE SIZE 2309, 5311, 5315, 5338
#00 SX SYCKE CEMENT POTO: GT	ND CEMENTING RECORD	O-5/8" CASING & TURING SIZE TURING, CASING, A	TS-T\d 2300, 5311, 5315, 5338 2300, 5311, 5315, 5338
#00 SX POLIC CEMENT POLIC CONTROL Depth Control Shoe	204 DEPTH SET ND CEMENTING RECORD 5293, 5296, 5301, 5306,	9-5\8" CASING & TURING SIZE TUBING, CASING, A TOBING, CASING, A GALLUD GALLUD GALLUD GALLUD	TS-1\4" HOLE SIZE 5309, 5311, 5315, 5338 6202' GL, 6213' KB
#00 SX SYCKS CEMENT Debty Casing Shoe 2346, KB	204 DEPTH SET 5293, 5296, 5301, 5306, 10p OIL/Car Pay	Mame of Producting Formation 167, 5184, 5289, 5291, 5 TUBING, CASING, A. TUBING, A. TUBING	Devotions (DF, RAS. RT, CR. etc.) 5309, 5311, 5315, 5338 6202' GL, 6213' KB 6405
#00 8X POLIFICATION CT Debty Castud 200€ 2340, KB Laptud Debty	5293, 5296, 5301, 5306, CE 5159' KB 5159' KB	9-5\8" CASING & TURING SIZE TUBING, CASING, A TOBING, CASING, A GALLUD GALLUD GALLUD GALLUD	12-1/4" 12-1/4" 12-1/4" 12-1/4" 12-1/4"
6210' GL Tubing Depth Casing shoe 5346' КВ 6025' КВ	Total Depth SET 504 Top Oil/Car Path 5293, 5296, 5301, 5306, 5159' KB 5159' KB 5159' KB 6240' GL	Date Compl. Ready to Prod. 2/22/85 IGATIUD GALLUD GALLUD TUBING, CASING SIZE TUBING, CASING SIZE TUBING, CASING SIZE TUBING, CASING SIZE SASSING & TUBING SIZE TUBING, CASING SIZE TUBING, CASING SIZE TUBING, CASING SIZE SASSING & TUBING SIZE TUBING, CASING SIZE TUBING, CASING SIZE SASSING & TUBING SIZE TUBING, CASING SIZE TUBING, CASING SIZE SASSING & TUBING SIZE TUBING SIZE SASSING SASSING TUBING SIZE TUBING SIZE TUBING SIZE SASSING SASSING TUBING SIZE TUBING SIZE SASSING SASSING TUBING SIZE TUBING SIZE	Devotions (DF, RAS, RT, CR, etc.) 5309, 5311, 5315, 5338 6202' GL, 6213' KB 6409, 5311, 5315, 5338

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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BANTA FE			
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IMAMBRONIEN	I		
OPERATOR			
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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

Separate Forms C-104 must be filed for each pool in multiply

TRANSPORTER OIL GAS OPERATOR		FOR ALLOWABLE AND	IATUDAL MAS	
PROPATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND N	MAY DO	· ;
Operator			OH 6- 1985	,
Merrion oil & Gas Co	rporation		CON. Day	
Address P. O. Box 1017, Farm	ington, New Mexico 8749		DIST. 3	
Reason(s) for filing (Check proper	· boz)	Other (Please explain)	
New Well	Change in Transporter of:	Dry Gas 1st	delivery of gas 5/1/85	
Recompletion Change in Ownership	Casinghead Gas	Condensate		
f change of ownership give na nd address of previous owner	me			
	ANTO LEASE			Lease No.
I. DESCRIPTION OF WELL	" - " · · · · · · · · · · · · · · · · ·		Kind of Lease State, Federal or Fee Federal	SF 079679
Delhi Taylor	5E Gallogos Ga	allup		
Location	2350 Feet From The South	990 1 the and	Feet From TheEast	
Unit Letter:	Feet From The		Can Juan	County
Line of Section	Township 26N Rang	1.1W	NMPM, San Juan	County
	THE STATE NATIONAL	TIDAL GAS		
III. DESIGNATION OF TR. Name of Authorized Transporter	ANSPORTER OF OIL AND NAT	Address (Give a	ddress to which approved copy of this form i	s to be sent)
Conoco, Inc., Surfa	ce Transporter		1429, Bloomfield, New Mexic	s to be sent/
Name of Authorized Transporter	of Casinghead Gas (A) or Dry Gas	Address (Give a	4289, Farmington, New Mexic	0 87499
El Paso Natural Gas	CO.	ige. Is gas actually	connected? When	
If well produces oil or liquids, give location of tanks.	I 17 26N 1	lW Yes	5/1/85	
dise together of topics	ed with that from any other lease or	r pool, give commingling	ng order number:	
If this production is committee	and V on reverse side if necessary	y.		
	-		OIL CONSERVATION DIVISION	٥٣
VI. CERTIFICATE OF COM		13	APR 30 19	ช ງ ູ
I hereby certify that the rules and t	regulations of the Oil Conservation Division	her of	Original Signed by FRANK T. CH	AVEZ
been complied with and that the inf my knowledge and belief.	formation given is true and complete to the	BY		
my knowledge and benefit	,	TITLE	SUPERVISOR DISTRI	CT 架 3
\mathcal{N}	$I \cap A$	This for	rm is to be filled in compliance with a	ULE 4104.
Ali	1a (11	- to- allowable for a newly d	rilled or deepens
	(Signature)	li samen takan	is a request for showable for a tabulation must be accompanied by a tabulation the well in accordance with MULE	
_Steve S. Dunn. Ope	rations Manager	All sec	tions of this form must be filled out core and recompleted wells.	npietely for allow
= /3 /07	(Title)		and VI for the and VI for the	hanges of owner
5/1/85	(Date)	well name or	r number, or transporter, or other such ch	mufa or countries

completed wells.

(Dote)