

OIL CONSERVATION DIVISION

P.O. Box 2088  
Albuquerque, New Mexico 87101-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Uvas Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Delhi Taylor A</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Gallegos Gallup</b>	Kind of Lease State, Federal or Fee	Lease No. <b>SF-079679</b>
Location				
Unit Letter <b>I</b>	<b>2350</b>	Feet From The <b>South</b>	Line and <b>990</b>	Feet From The <b>East</b>
Section <b>17</b>	Township <b>26N</b>	Range <b>11W</b>	NMJM, <b>San Juan</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Meridian Oil, Inc.</b>	<b>P.O. Box 4289, Farmington, New Mexico 87499</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 4990, Farmington, New Mexico 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit <b>I</b> Sec. <b>17</b> Twp. <b>26N</b> Rge. <b>11W</b>	

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

IV. COMPLETION DATA

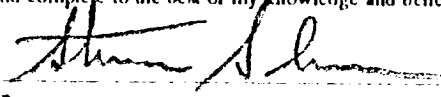
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.H.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT			
	CASING & TUBING SIZE							

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 <b>Oil Run To Tank</b>	Date of Test	Producing Method (I low, 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

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.

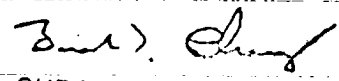
Signature   
Printed Name **Steven S. Dunn** Operations Manager  
Date **2-26-90** (505) 327-9801 Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1990

Date Approved

By

  
SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken up 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.