

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-83

Operator
MERRION OIL & GAS CORPORATION
Address
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	Change of Operator

If change of ~~operator~~ give name and address of previous owner J. Gregory Merrion & Robert L. Bayless, Box 1541, Farmington, NM

I. DESCRIPTION OF WELL AND LEASE

Lease Name Ruby	Well No. 1	Pool Name, Including Formation WAW Fr./Pic. Cliffs	Kind of Lease Navajo State, Federal or Fee Allotted
Location Unit Letter C : 790 Feet From The North Line and 1790 Feet From The West Line of Section 34 Township 26N Range 12W , NMPM, San Juan			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					Yes	6/4/80

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dis
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 - MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

J. GREGORY MERRION, President
(Title)

11/23/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 9 1981, 19

BY Original Signed by FRANK T. HILL

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 110A.
If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely f able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes o well name or number, or transporter, or other such change of c