

OIL CONSERVATION DIVISION

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

copies: 4 OCD, Aztec  
1 Well File  
1 Accounting

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Urazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator <b>MERRION OIL &amp; GAS CORPORATION</b> 14634		Well API No.
Address P. O. Box 840, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>Texaco, Inc., P. O. Box 46555, Denver, CO 80201-6555</b>		

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Lease Name <b>Ross Federal 4-26-13</b> 15347		<b>2</b>	<b>WAW Pictured Cliffs Fruitland</b>	<b>Fee</b>	<b>NM 11775</b>
Location					
Unit Letter	<b>J</b>	: <b>1520'</b>	Feet From The <b>South</b>	Line and <b>1520'</b>	Feet From The <b>East</b>
Section	<b>4</b>	Township	<b>26N</b>	Range	<b>13W</b>
				NMIM,	<b>San Juan</b>
				County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
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)				
<b>El Paso Natural Gas Company</b>		<b>P. O. Box 4990, Farmington, NM 87499</b>				
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twps.	Rge.	Is gas actually connected?	When?
					<b>yes</b>	

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.U.F.D.					
Elevations (DF, RAB, 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					

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 (Shut-in)
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.


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AUG 28 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	15bls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, 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** Title **Operations Manager**  
Date **August 27, 1990** Telephone No. **(505) 327-9801**

OIL CONSERVATION DIVISION

Date Approved **AUG 28 1990**

By 

Title **SUPERVISOR DISTRICT #3**

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 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.