

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

Form O-1004
Supersedes Old O-1004 and
O-1004-1 (Rev. 1-78)

LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
REGISTRATION OFFICE	

Operator

MERRION OIL & GAS CORPORATION

Address

P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☐
Renewal ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change of Operator

Operator

If change of operator, give name and address of previous owner: J. Gregory Merrion & Robert L. Bayless, Box 507, Farmington, NM

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	WC Pic. C	Kind of Lease	Lease No.
Hickman	8	Fruitland; S. Gallegos;		State, Federal or Fee Federal SF	080384B

Location

Unit Letter I : 1850 Feet From The South Line and 790 Feet From The East

Line of Section 3 Township 26N Range 12W NMPM San Juan Coun

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually collected?	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Some Restr.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, F.A.S., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow Comp. 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	Choke Size
Testing Method (pilot, back pil.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

Steve S. Dunn, Operations Manager

(Title)

1/6/82

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleting wells.

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