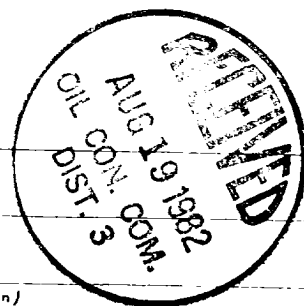


DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104
Effective 1-1-85



Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87401

Person(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Chaco Ltd	Well No. 1-J	Pool Name, including Formation WAW Fruitland/Pic. Cliff	Kind of Lease State, Federal or Fee Federal SF	Lease No. 0802
Location Unit Letter K : 1850 Feet From The South Line and 1750 Feet From The West Line of Section 1 Township 26N Range 13W , NMPM, San Juan Co				

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)					
El Paso Natural Gas	P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	As soon as possible

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't.	Diff. P.
		X	X					
Date Spudded 4/5/82	Date Compl. Ready to Prod. 5/14/82		Total Depth 1300' KB		P.B.T.D. 1270' KB			
Elevations (DF, RKB, RT, GR, etc.) 5991' GL, 6004' KB	Name of Producing Formation Picture Cliffs		Top Oil/Gas Pay 1200' KB		Tubing Depth 1300' KB			
Perforations 1200 - 1209' KB 3-1/8"					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-3/4"	7"		90' KB		35 SX			
5-1/8"	2-7/8"		1300' KB		150 SX			

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 able 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 10 MCF/D (24 est.)	Length of Test 2 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 180 PSIG	Choke Size .125"

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)

Steve S. Dunn, Operations Manager

(Title)

8/18/82

(Date)

OIL CONSERVATION COMMISSION

10-4-82 OCT 4 1982
APPROVED

BY **Original Signed by CHARLES GHOLSON**

TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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 recompleted wells.

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