

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MERRION OIL & GAS CORPORATION		Well API No. 30-045-25679
Address P. O. BOX 840, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) Plug back from Bisti Lower Gallup to Basin Fruitland
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Serendipity <i>Conn</i>	Well No. 1	Pool Name, including Formation Basin Fruitland	Kind of Lease State Federal xxx xxxx	Lease No. NM-33031
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>26N</u> Range <u>13W</u> , NMPM, San Juan County				

III. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 26
	Twp. 26N	Rge. 13W
	Is gas actually connected? No	When? ASAP

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 5-13-83	Date Compl. Ready to Prod. Fruitland 12-18-92		Total Depth 5120' KB		P.B.T.D. 4800' KB			
Elevations (DF, RKB, RT, GR, etc.) 6218' KB	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1242		Tubing Depth 1219.38'			
Perforations 1242'-1260' (Basin Fruitland)					Depth Casing Shoe 5120'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8", 14#	DEPTH SET 213'	SACKS CEMENT 295 cu. ft.
7-7/8"	5-1/2", 15.5#	5120'	1514 cu. ft.
	2-3/8", 4.7#	1219.38'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be at least 24 hours before test.)			
Date First New Oil Run To Tank No test	Date of Test	Producing Method (New, Pumpjack lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure DEC - 6 1993	Weight of Fluid
Actual Prod. During Test	Oil - Bbls.	OIL CON. DIV DIST 3	DEC 31 1992
GAS WELL			
Actual Prod. Test - MCF/D No test	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 170 psi	Casing Pressure (Shut-in) 170 psi	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
Esther J. Greyeyes
Printed Name
12/30/92 12-3-93
Date
5-24-94
Operations Tech
Title
505-327-9801
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 8 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.