

FILE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Form C-104 - Supersedes Old C-104 Effective 1-1-65
U.S.C.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRODUCTION OFFICE			
Operator Merrion Oil & Gas Corporation			
Address P. O. Box 1017, Farmington, New Mexico 87499			
Reason(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

Lessee Name Hanson B	Well No. 2	Pool Name, Including Formation Gallegos Gallup	Kind of Lease Federal	Lea
Location Unit Letter <u>K</u> , <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			State, Federal or Fee <u>SE 0783910</u>	
Line of Section <u>36</u> Township <u>27N</u> Range <u>13W</u> , NMPM, San Juan				

J. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 555 17th Street, 9th Floor, Denver, Co. 80202			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 27N	Rgr. 13W
Is gas actually connected?		When		
Yes		1/1960		

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.	Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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				

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 to be 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

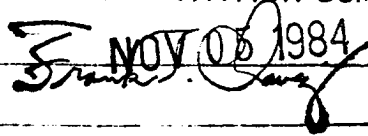
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

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.


(Signature)
Steve S. Dunn, Operations Manager
(Title)

OIL CONSERVATION COMMISSION

APPROVED  , 19 NOV 05 1984
BY _____
TITLE _____ SUPERVISOR DISTRICT # 3

This form is to be filled 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 dev. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a