Submit 5 Capies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

## State of New Mexico / Energy, Minerals and Natural Resources Department

Form C 104 Revised 1-1-89 See Instructions at Boftom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

copies:

4 OCD, Aztec 1 Well File

DISTRICTAL	Sa	ina i C, i vew ivi	CAICO 07504-2000		1 Accounting
1000 Rio Brazos Rd., Aztec, NM 87410		-	BLE AND AUTHORIZAT	NOI	i Accounting
1. TO TRANSPORT OIL AND NATURAL GAS  Operator  Well API No.					Pl No.
MERRION OIL & GAS CO	RPORATION		·	.l	
P. O. Box 840, Farmi	ngton, New Me	xico 87499			
Reason(s) for Filing (Check proper box)	<b>G</b> !-	Tonomadas of	Other (Please explain)		
New Well Recompletion	· · · · · · · · · · · · · · · · · · ·	Transporter of:			
Change in Operator	Casinghead Gas	Condensate			
If change of operator give name and address of previous operator	Texaco, Inc.	P. O. Box	46555, Denver, CO	8020	11-6555
II. DESCRIPTION OF WELL	AND LEASE				
Lease Name Dome Federal 18-27-13	Well No.	Pool Name, Includ	ing Formation ed Cliffs Fruitland	Kind of State, R	Lease Lease 110.  Experil or Fee NM 8409
Location		WAW PICTUR	ed Cills Fluitiand		
Unit Letter <u>G</u>	: 1460'	_ Feet From The _N	orth Line and 1500	Fee	t From The East Line
Section 18 Townshi	p 27N	Range 13W	, NMPM, San J	luan	County
III. DESIGNATION OF TRAN			IRAL GAS		
Name of Authorized Transporter of Oil	or Conde	ensale	Address (Give address to which	approved (	copy of this form is to be sent)
Name of Authorized Transporter of Casin	glicad Gas	or Dry Gas X	Address (Give address to which	approved	copy of this form is to be sent)
El Paso Natural Gas Com	Fg	-12			ngton, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	. Is gas actually connected?  Ves	When	•
If this production is commingled with that	from any other lease o	r pool, give comming	gling order number:		
IV. COMPLETION DATA	100 00		L Now Well L Westernes		Plug Back   Same Res'v   Diff Res'v
Designate Type of Completion	- (X)   Oil We	II Gas Well	New Well   Workover	Deepen	Plug Dack   Same Res'v   Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.
Flevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Oas Pay		Tubing Depth
l'erforations					Depth Casing Shoe
	TUBING	, CASING ANI	CEMENTING RECORD		
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET		SACKS CEMENT
	-				
	-				a contract
V. TEST DATA AND REQUI- OIL WELL Gest must be after			ist be equal to or excerd top allow	able for thi	s denth or he for full 24 hours 1
Date First New Oil Run To Tank	Date of Test	1 ty 1000 th 0.00	Producing Method (Flow, pury		
Length of Test	Catter Day				1Choke Size
Tongui ve Tea	Tubing Pressure		5051		Choke Size
Actual Prod. During Test	Oil - Bbls.		Walca Bbls.		Gas- MCI
41 A 62 12/21 B			AUG 2 8 1990		
GAS WELL Actual Frod Test - MCF/D	Length of Test		- Ublic Condense Millor	<b>NV.</b>	Gravity of Condensate
			DIST. 3		Charry of Conochiate
Lesting Method (pitot, back pr.)	Tubing Pressure (Shui in)		Casing Piessure (Shut-in)	·· ·	Choke Size
VI. OPERATOR CERTIFIC	CATE OF COM	1PLIANCE			l
I hereby certify that the rules and reg	OIL CONS	SERV	ATION DIVISION		
Division have been complied with and that the information given above is true and complete to the best of fix knowledge and belief.				A	<b>UG 2 8 19</b> 90
A. A.	0		Date Approved		
Jun /Jun			By	يمندة	> Chand
Steven S. Dunn Operations Manager					ISOR DISTRICT #3
Printed Name		Title	Title		ISUN DISTRICT #3
August 27, 1990 Date		327-9801 Iclophune No.			entropies and a second of the

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.