

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I.

Operator Merrion Oil & Gas Corporation	
Address P. O. BOX 840, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Charley J	Well No. 1	Pool Name, including Formation Gallegos Gallup Ext	Kind of Lease State, Federal or Fee Indian	Lease No. NOO C 14-20 7481
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

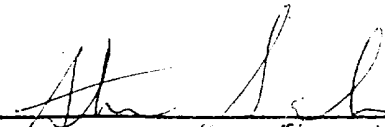
Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Corporaiton	Address (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 M	Sec. 21	Twp. 27N	Rge. 13W	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Steve S. Dunn, Operations Manager
(Title)
1/24/86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB - 9 1986
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 3
TITLE _____

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

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

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Dill. Res'v.
XX	XX								

Date Spudded	12/26/86	Date Compl. Ready to Prod.	1/9/86	Total Depth	5368' KB	P.B.T.D.	5322' KB
Elevations (D.F., R.K.B., RT, CR, etc.)	6065' KB, 6053' GL	Name of Producing Formation	Gallup	Top Oil/Gas Pay	5176' KB	Tubing Depth	5167' KB
Perforations	5176 - 5202' KB, 5206 - 5219' KB, 39 holes						
5367' KB Depth Casing Shoe							

HOLE SIZE	12-1/4"	CASING & TUBING SIZE	DEPT SET	SACKS CEMENT
	8-5/8", 24 #/ft., J-55		213' KB	170 sx Class B (207 4)
	4-1/2", 10.5 #/ft., J-55		5367' KB	840 sx (1516 2)
	2-3/8"		5167' KB	

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	1/9/86	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/M/MCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

3080/W

IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded 12/26/86		Date Compl. Ready to Prod. 1/9/86			Total Depth 5368' KB		P.B.T.D. 5322' KB		
Elevations (DF, RKB, RT, CR, etc.) 6065' KB, 6053' GL		Name of Producing Formation Gallup			Top Oil/Gas Pay 5176' KB		Tubing Depth 5167' KB		
Perforations 5176 - 5202' KB, 5206 - 5219' KB, 39 holes							Depth Casing Shoe 5367' KB		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24 #/ft., J-55	213' KB	170 sx Class B (207.4)
7-7/8"	4-1/2", 10.5 #/ft., J-55	5367' KB	840 sx (1516.2)
	2-3/8"	5167' KB	

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/9/86	Date of Test 1/23/86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 40	Casing Pressure 720	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 87	Water - Bbls.	Gas - MCF 95

GAS WELL

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

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JAN 29 1986

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DIST. 3