

SANTA FE		
FILE		
U.S.C.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 and  
Effective 1-1-65

Operator	Merrion Oil & Gas Corporation
Address	P. O. Box 1017, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Navajo H	15	Kutz West	State, Federal or Fee Navajo	14-20-
Location				605-2198
Unit Letter A	890	Feet From The North	Line and 790	Feet From The East
Line of Section 13	Township 29N	Range 14W	NMPM, San Juan	Cou

II. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P. O. Box 750, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 13 29N 14W	Yes 3/3/82

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. R
		X	X					
Date Spudded 12/19/75	Date Compl. Ready to Prod. 1/27/76	Total Depth 970' KB	P.B.T.D. 950' KB					
Elevations (DF, RKB, RT, GR, etc.) 5225 GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 894' KB	Tubing Depth 894' KB					
Perforations 894 - 902 2PF .430"			Depth Casing Shoe 962' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-1/4"	5-1/2"	28'	28 SX					
4-3/4"	2-7/8"	962	100 SX					
	1 1/4	890						

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)

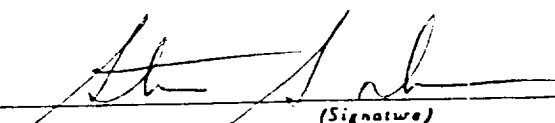
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 961	Length of Test 24 hr.	Bbls. Condensate/MCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 306	Choke Size 3/4"

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

3/10/82

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 10 1982**, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 3

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

If this is a request for allowable for a newly drilled or dee  
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  
able 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 con

Separate Forms C-104 must be filed for each pool in m