

SANITARY		
FILE		
U.S.C.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104
Effective 1-1-83

Operator

MERRION OIL & GAS CORPORATION

Address

P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Change of Operator

If change of ~~operator~~ give name
and address of previous owner

J. Gregory Merrion & Robert L. Bayless, Box 1541, Farmington, NM

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Navajo G	Well No.	5	Pool Name, Including Formation	Undes. Gallup	Kind of Lease	State, Federal or Free Indian	14-20-60	
Location	Unit Letter	P	990	Feet From The	South	Line and	330	Feet From The	East
Line of Section	30	Township	29N	Range	17W	NMPM,	San Juan		

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐	or Condensate	☐	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☐	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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't.	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							

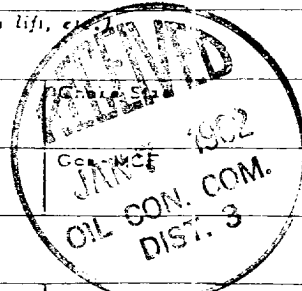
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 testable 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
Actual Prod. During Test	Oil-Bbla.	Water-Bbla.



GAS WELL

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

III. 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.

Steve S. Dunn, Operations Manager

1/6/82

OIL CONSERVATION COMMISSION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE

This form is to be filed 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 data tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for wells 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 data.