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Appropriate District Office
DISTRICE!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		IO INA	MOPU	NI OIL	AND NAT	UNAL GA	Well	API	No.				
Operator Merrion Oil & Gas Corporation							30-031-20890						
Address						30-031-20030							
P. O. Box 840, Farmingt	on, Nev	w Mexic	co 87	499									
Reason(s) for Filing (Check proper box)					X Othe	r (Please expla	in)						
Change in Transporter of													
Recompletion	Oil		Dry Gas	1st Delivery of Gas Las Connection Mateix									
Change in Operator	Casinghea	d Gas	Condens	ate [_]		Las	Lunn	Et	Cin-	nali	<u> </u>		
If change of operator give name and address of previous operator													
•	A NIES E ES	CE											
II. DESCRIPTION OF WELL A Lease Name	Well No. Pool Name, Includi				ng Formation Kind c				f Lease No.				
Pot Mesa		4			Mesavero	de			teral ox x x x x x	NM-24	964		
Location		<u>-</u>	1										
Unit LetterC		465	Feet From	m The No	orth Line	and 178	301	Feet 1	From The	West	Line		
Onit Letter			_ 1 500 1 101		LAIR								
Section 10 Township	, 20	<u>N</u>	Range	6W	, NM	ирм, I	McKinle	ЭУ			County		
	ano n	D 05 0	** . * **	N N 1 A CENE 11	DAT (140								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA						AAL GAS Address (Give address to which approved copy of this form is to be sent)							
X						P.O. Box 1429, Bloomfield, New Mexico 87413							
Conoco Transportation, Inc. Name of Authorized Transporter of Casinghead Gas X or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)							
Merrion Oil & GAs Corpo											87499		
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? When ?				7				
give location of tanks.	C	10	20N	6W	Yes				11/07/8	39			
If this production is commingled with that i	from any oth	ner lease or	pool, give	commingl	ing order numb	рег:							
IV. COMPLETION DATA							1		M	Come Decle	bic bash		
Designate Type of Completion	- (X)	Oil Well	I G	as Well	New Well	Workover	Deepen	1	Plug Back 1	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	o Prod		Total Depth		I		l P.B.T.D.				
1746 Shinon	L'ate Com	pr. Ready to	o 1100.										
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Little of Floring Formation													
Perforations								I	Jepth Casing	3 Shoe			
	TUBING, CASING AND C				CEMENTI								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
									w-14-4-4-1				
								- -					
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE					J	n - remember proposition de special appearance de securitor de securit				
OIL WELL (Test must be after t				oil and mus						or full 24 hou	urs.)		
						ethod (Flow, p	wnp, gas lif	î, eic	.)				
	* * * * * * * * * * * * * * * * * * *				Casing PLODE & CENVE								
Length of Test	Tubing Pressure			Casing Pressure LS W LS W L				Chake Size					
Autual David Division Tour					Water - Bbls	U COT O	0 1000		Gas- MCF		e manus en an despirable da y anno me ver y mon de .		
Actual Prod. During Test	Oil - Bbls.				TVALCE - ISOIS.	Water - Bbls. OCT 08 19							
4.074					1	OIL CO	<u> </u>						
GAS WELL	-1172556-54	Tar						•	Gravity of C	ondensate			
Actual Prod. Test - MCI/D	reugh of	Length of Test			DUIS. CONGES	nsale/MMD)I. I		CHAVILY OF C	AMBURAC			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ure (Shut-in)			Choke Size					
besting receitor (burn, once by)						(20100-111)		ļ					
VI ODED ATOD CERTIFIC	ATE O	E COM	DUTAN	ICE	1						maner or descript them. I came at the state from the second		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above													
is true and complete to the best of my knowledge and belief.					Date Approved 0CT 0 8 1989								
						Date Approved							
Athu 1h						Original:	Signed by	FR/	ANK T. CH	AVEZ			
Signature S. Dunn	Openations Manages				∭ By_								
Steven S. Dunn Printed Name	Operations Manager				11		R DISTRIC						
11/07/89	į	505-327			Title								
Date			lephone N										

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.