Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Saina Fe; New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZATAND NATURAL GAS	TION		
Operator MERRION OIL & GAS CORPORATION						
ddress P. O. BOX 840, FARMING		XICO 87499				
cason(s) for Filing (Check proper box)	,10.,,		Other (Please explain)		A	
lew Well		n Transporter of:	Effective 3,	/1/90		
ecompletion		Dry Gas	Bilective 5/	1,70		
hange in Operator	Casinghead Gas	Condensate				
change of operator give name ad address of previous operator						
L DESCRIPTION OF WELL A	AND LEASE					
ease Name	Well No	1		Kind of Lea State, Federa		Lease No.
Yarbourough Federal	1	Counselors	Gallup-Dakota	State, Teder	2	NM-28733
ocation			10/	•		.
Unit LetterJ	: 1840		South Line and1840		om The	
Section 3 Township	23N	Range 6W	, NMPM,	Rio Ar	riba	County
II. DESIGNATION OF TRAN			RAL GAS Address (Give address to which	approved copy	of this form	is to be sent)
Meridian Oil, Inc.	[XX] or Conc	لــا	P.O. Box 4289, Fa	ermington	, New M	lexico 87499
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved			
El Paso Natural Gas Co				armington, NM 87499		
If well produces oil or liquids,	Unit Sec.		In gas actually connected?	When 7	9/8:	7
ive location of tanks.	J J 3	23N 6W	Yes			
f this production is commingled with that V. COMPLETION DATA			New Well Workover	Deepen Ph	io Back Isa	me Res'v Diff Res'v
Designate Type of Completion		J Car wen	1 1 1 1	1	.,,	1
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	P.I	LTD.	
Revations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth		
Perforations					Depth Casing Shoe	
	TIIDIN	IC CASING AND	CEMENTING RECORD	!		
HOLE SIVE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
HOLE SIZE	- Onditta d	7001113 312				
	151010 152515 77 17872				- · · · · · -	
V. TEST DATA AND REQUI	EST FOR ALLU	III ABLE	is be equal to or exceed top allow	wable for this de	pth or be for	r full 24 hours.)
Date First New Oil Run To Tank	Date of Test	are of read on are me	Producing Method (Flow, pw.	np, gas lift, etc.)	' T -=	
Length of Test	Tubing Pressure		Casing Pressure	•	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gus- MCF	
CAR TUEST 5					rtb	2-8 1990
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			DANIE DIV.
ACCUAL FIOU. TEST - MICHAD	Length of Test		,	** * * * * * * * * * * * * * * * * * * *	-	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut in)		Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFI	ICATE OF CC	MPLIANCE		ICEDI/V.	 	JIVIGION
I hereby certify that the rules and re-	OIL CONSERVATION DIVISION					
Division have been complied with a is true and complete to the best of a	Date Approved FEB 2 8 1990					
the She						
Signature	0	ions Manager	l i			
Steven S. Dunn Printed Name	operat	Tille	Title	SUPERVIS	OR DIS	TRICT #3
2/26/90	(505)	327-9801	- IIIIG			
Date		Telephone No.	- 11			

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.