

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and
Effective 1-1-83

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

F.C 3031N

| | | |
|------------------|-----|--|
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

| | | | |
|--|--|-------------------------------------|--|
| 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

| | | | | |
|--------------------|--------------|--------------------------------|-------------------------------|--------------------|
| Lessee Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Theodore Zink | 1 | Undesignated Gallup | State, Federal or Fee Federal | NM23231 |
| Location | | | | |
| Unit Letter D | 460' | Feet From The North | Line and 1005 | Feet From The West |
| Line of Section 15 | Township 23N | Range 6W | NMPM, Rio Arriba | County |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|---------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Permian Corporation | P. O. Box 1702, Farmington, New Mexico 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Unknown | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | D | 15 | 23N | 6W | No | As soon as possible |

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

III. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|---|----------|-------------------|----------|------------------------|-----------|-----------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res. | Diff. Res. |
| | XX | | XX | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 4/13/82 | 5/8/82 | | 5705' KB | | 5657' KB | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 6821' G.L., 6834' K.B. | Gallup | | 4498' KB | | 5280' KB | | | |
| Perforations | (4498, 5322, 5325, 5328, 5342, 5344, 5458) | | Depth Casing Shoe | | | | | |
| 4498 - 5538' KB .340" | 20 holes (5460, 5462, 5464, 5466, 5468, 5496, | | 5700' KB | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 239' KB | | 170 sx | | | |
| 7-7/8" | 4-1/2" | | 5700' KB | | 225 sx Class H 2% D-20 | | | |
| | | | | | 700 sx Class B 2% D-79 | | | |
| | | | | | 100 sx Class H 2% D-20 | | | |

IV. 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 oil able for this depth or be for full 24 hours)

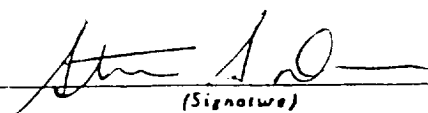
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 5/8/82 | 5/9/82 | Flowing | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | 50 | 200 | 1/2" |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 58 | -0- | 140 |

GAS WELL

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

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.



Operations Manager
(Title)

5/11/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1982, 19

BY Original Signed by FRANK T. CHAVEZ

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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

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

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