

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

LAND STATE	
TITLE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
City/State	

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 of Operator

Change in Ownership ☐

Designated Gas ☐

Condensate ☐

Operator

If change of operator, give name and address of previous owner: J. Gregory Merriion & Robert L. Bayless, Box 1541, Farmington, New Mex.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 428	Well No. 9	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Free Indian	Lease 428
Location Upst. to Elev. 0 1650 Feet From The East Line and 990 Feet From The South Line of Section 30 Township 23N Range 4W, NMPM, Sandoval				

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 Designated 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.
	Top	Age
	Is gas actually connected?	When

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 Rest.	Diff. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.A.E., A.T., 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top of hole 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

Steve S. Dunn, Operations Manager

1/6/82

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 devt tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of o wells and only Section V for changes of other wells with change of o