

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

30421N
A7

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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

Lease Name Bonanza	Well No. 8	Pool Name, including Formation Chacon Dakota	Kind of Lease State, Federal or Fee Jicarilla	Lease Cont.
Location				
Unit Letter K	: 1850	Feet From The South	Line and 1850	Feet From The West
Line of Section 2	Township 22N	Range 3W	NMPM, Sandoval	County

I. 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					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 22N	Rge. 3W	Is gas actually connected?	When
					No	As soon as possible

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. R <input type="checkbox"/>
Date Spudded 8/1/82	Date Compl. Ready to Prod. 9/4/82	Total Depth 7023' KB	P.B.T.D. 7023' KB					
Elevations (DF, RKB, RT, GR, etc.) 7117' GL, 7130' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6866' KB	Tubing Depth 6786' KB					
Perforations 6961 - 6971', 2PF, 20 holes, 6866 - 6876', 2PF, 20 holes, 3-1/8"	Depth Casing Shoe 7049' KB							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 201' KB	SACKS CEMENT 170 sx					
7-7/8"	4-1/2"	7049' KB	495 sx Class H					
	3 3/8"	6786' KB	285 sx Class B					
			50 sx Class B					

V. 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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/3/82	Date of Test 9/7/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 300 PSIG	Casing Pressure 1000 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 71	Water - Bbls. 30 Bbl frac water	Gas - MCF 250

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

VI. 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.

(Signature)
Steve S. Dunn, Operations Manager
(Title)
9/7/82
(Date)

OIL CONSERVATION COMMISSION
SEP 8 1982
APPROVED _____, 19____
BY _____
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 dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able 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 con