

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Merrion Oil & Gas Corporation
Address P. O. Box 840, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) RECEIVED JUL 23 1985

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 430</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Utes - Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>420</u>
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>23N</u> Range <u>5W</u> , NMPM, <u>Sandoval</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>The Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Farmington, New Mexico 87499</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, Farmington, New Mexico 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>36</u>
	Twp. <u>23N</u>	Rge. <u>5W</u>
	Is gas actually connected? <u>Yes</u> When _____	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Steve S. Dunn
(Signature)
Steve S. Dunn, Operations Manager
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1985
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Date Spudded		5/1/85	Date Compl. Ready to Prod.		6/28/85	Total Depth		6189' KB	P.B.T.D.		6146' KB	Tubing Depth		6188' KB	Depth Casing Shoe		6188' KB
Elevations (D.F., RKB, RT, CR, etc.)		6823' KB, 6810' GL	Name of Producing Formation		Gallup	Top Oil/Gas Pay		4470' KB	Tubing Depth		6146' KB	Performances Listed Below		6188' KB	Depth Casing Shoe		6188' KB

Designate Type of Completion - (X)

Oil Well XX Gas Well

New Well XX

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-

able for this depth or be for full 24 hours)

HOLE SIZE		12-1/4"	CASING & TUBING SIZE		DEPT SET	SACKS CEMENT		170 SX (200.6)	7-7/8"		4-1/2", 10.5 #/ft, K-55	6188' KB		1100 SX (1930)	2-3/8"		
Date First New Oil Run To Tanks		6/30/85	Date of Test		7/22/85	Producing Method (flow, pump, gas lift, etc.)		pumping	Length of Test		24 hour	Oil-Bbls.		55	Water-Bbls.		15
Actual Prod. During Test		24 hour	Tubing Pressure		175	Casing Pressure		175	Choke Size		3/4	Gas-MCF		107	Actual Prod. During Test		24 hour

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
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Perts: 6064 - 6074, 20 holes Semilla

5363, 5370, 5377, 5394, 5472, 5474, 5477, 5495, 5497, 5499, 5574, 5568, 5570, 5572, 5581, 5582, 5583, 5591 Lower Gallup
5170, 5182, 5184, 5221, 5228, 5230, 5236, 5242, 5244, 5245, 5247, 5250, 5252, 5256, 5257, 5284, 5285 Gallup
4470, 4471, 4478, 4480, 4482, 4487, 4489, 4491, 4501, 4503, 4505, 4555, 4557, 4559, 4561, Mancos