

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

SANTA FE, NEW MEXICO 87501-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>MERRION OIL &amp; GAS CORPORATION</b>	Well API No.
Address <b>P. O. BOX 840, FARMINGTON, NEW MEXICO 87499</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <b>Effective 3/1/90</b>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Salazar Com 21</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Devils Fork Gallup</b>	Kind of Lease State, Federal or <b>Fee</b>	Lease No. <b>FEE</b>
Location				
Unit Letter <b>G</b>	<b>1650</b>	Feet From The <b>North</b> Line and <b>1850</b> Feet From The <b>East</b> Line		
Section <b>21</b>	Township <b>25N</b>	Range <b>6W</b> , <b>NMPM</b> , <b>Rio Arriba</b> County		

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Meridian Oil, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4289, Farmington, New Mexico 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4990, Farmington, New Mexico 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>   Sec. <b>21</b>   Twp. <b>25N</b>   Rge. <b>6W</b>	Is gas actually connected? <b>Yes</b>   When? <b>6/83</b>

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, GR, 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			

### 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 allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tank	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 (Shut in)	Casing Pressure (Shut in)	Choke Size


### VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

  
Signature  
**Steven S. Dunn** Operations Manager  
Printed Name  
**2/26/90** (505) 327-9801  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **FEB 28 1990**

By   
Title **SUPERVISOR DISTRICT #3**

### 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-101 must be filed for each pool in multiply completed wells.