SANTA FE	REQUEST FOR ALLOWABLE			rnim C+104 Superredes Old C+104 and Effective 1+1+85	
U.S.G.S.	AUTHORIZATION TO TR	AND CANSPORT OIL AND	NATURAL G		•
LAND OFFICE	A CONTRACTION TO THE	TAIL OIL AID	NATURAL OF	~3	
TRANSPORTER CAS					
OPERATOR .	]				
PRORATION OFFICE					
Operator	12			-00111	
Merrion Oil & Gas Corpo	ration		<u>_</u>		<u> </u>
P. O. Box 1017, Farmingt				1 714 2 71483	<b>—</b> —
Reason(s) for filing (Check proper box)		Other (Pleas	r e i pla in j	OIL CON. D	.18/
New We!1 [_A]	Change in Transporter of:  Oil Dry (			OIL CON. P	// V •
Recompletion	T T	lensote		DIST. 3	
Change in Ownership					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE		TRIBA BATELLE		7-1
Leose Name	Well Na. Pool Name, Including		Kind of Lease State, Federal	a. Fas Fee	Lease
Canada Mesa Com	4E Basin Dakota		3,014, 7 504741	Bi F T T CC	.1
Unit Letter F : 152	20 Feet From The North L	ine and <u>1650</u>	Feet From T	he West	
Line of Section 10 Tow	mahip 24N Range	6W , nmpi	, Rio Ar	riba	Cov
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of Oil	Or Condensate	Address (Give address		ed copy of this form is t	
Permian Corporation				ton, New Mexico	
Name of Authorized Transporter of Cas	singhead Gas 🔃 or Dry Gas 🗀	Address (Give address	to which approv	ed copy of this form is t	o be sent)
El Paso Natural Gas Com	many Unit Sec. Twp. P.ge.	P. O. Box 990,	Parmingto	n, New Maxico	<del>-8749</del> 9-
If well produces all or liquids, give location of tanks.	NO NO	No As soon as possible			
If this production is commingled wit COMPLETION DATA		l, give commingling orde	r number:	Plug Back   Same Res	tv. Diff. I
Designate Type of Completion		XX	Deepen		
Date Spudded 6/26/83	Date Compl. Ready to Prod. 7/22/83	Total Depth 6690 'KB		P.B.T.D. 6628' KB	
Elevations (DF, RKB, RT, GR, etc.) 6441' GL, 6454' KB	Name of Producing Formation Dakota	Top Oil/Gos Pay 6454' KB		Tubing Depth 6439' KB	
	6480 - 6482' KB, 2PF, 20 B, 2PF, 46 holes	holes		Depth Coaing Shoe	
0483 - 0505 KI	TUBING, CASING, AI	ND CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	BACKS CEN	
12-1/4"	8-5/8"	210' KB			<u>cu.</u> ft
7-7/8"	4-1/2"	6674' NB		450 sx, (549 c	
	<u> </u>			700  sx, $(1442)$	
	1			.)	
TEST DATA AND REQUEST FO		after recovery of total vol depth or be for full 24 how		and must be equal to or	,1000 10p
OII. WELL Date First New Cil Run To Tanks	Date of Test	Producing kiethod (Flo	w, pump, sas lif	i, rici)	
Length of Test	Tubing Pressure	Casing Freeswe		Choke Sike	
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.		Gee+MCF	
	1			.t	

GAS WELL Gravity of Condensate Length of Test Bble. Condensate AMCF Actual Prod. Tool-MCF/D 450 Chole Bise 24 trace\_ Casing Pressure (Shut-I.B.) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 3/4" 400\_PSIG\_ 200 PSIG Flowing

## I. CERTIFICATE OF COMPLIANCE

I.

V.

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.

(Signolwe) Steve S. Dunn, Operations Manager

(Date)

7/26/83

(Title)

OIL CONSERVATION COMMISSION

JUL 27 1983 APPROVED. Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

This form is to 'ne filed in compliance with RULE 1104.

If this is a requist for allowable for a newly drilled or des well, this form must be accompanied by a tabulation of the devices taken on the wall 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 Sociena 1, 11, 111, and VI for changes of the same of number, or transporten or other such change of con-Consists I name Colors must be tiled for each pool in m