

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 C-105
 Effective 1-1-83

30111/13
 620

Operator
 Merrion Oil & Gas Corporation

Address
 P. O. Box 1017, 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)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Salazar G Com 22	Well No. 3	Pool Name, including Formation Devils Fork Gallup <i>Ext</i>	Kind of Lease State, Federal or Fee Federal <i>ST</i>	Lease No. 080136
Location Unit Letter <u>E</u> : <u>1810</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>West</u> Line of Section <u>22</u> , Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating.	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 <u>E</u> Sec. <u>22</u> Twp. <u>25N</u> Rge. <u>6W</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 3/4/83	Date Compl. Ready to Prod. 3/18/83	Total Depth 6397' KB	P.B.T.D. 6349' KB					
Elevations (DF, RKB, RT, CR, etc.) 6607' KB, 6594' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5904' KB	Tubing Depth 5902					
Perforations 5904, 5916, 5924, 5959, 5975, 5998, 6002, 6007, 6021, 6113, 6126, 6136, 6183, 6246, 6266, 6277, 6287, 6289, 6293, 6303, 6308, 21 holes. .34"			Depth Casing Shoe 6396' KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	214' KB	175 sx (206.50 cu. ft.)
7-7/8"	4-1/2"	6396' KB	225 sx (274.50 cu. ft.)
	2 3/8"	5902	700 sx (1442 cu. ft.)
			100 sx (244 cu. ft.)

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 Tanks 5/9/83	Date of Test 5/9/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 300	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 46	Water-Bbls. -0-	Gas-MCF 90

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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
 (Signature)
 Steve S. Dunn, Operations Manager
 (Title)
 5/9/83
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 10 1983
 BY FRANK T. CHAVEZ
 TITLE SUPERVISOR DISTRICT 25 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 deviated 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 conditions.