

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 1-1-65

Operator  
Merrion Oil & Gas Corporation  
Address  
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Salazar G Com 22	3	Devils Fork Gallup <i>Ext</i>	State, Federal or Fee Federal <i>ST</i>	080136
Location				
Unit Letter	E	1810	Feet From The North	Line and 820
		Feet From The West		
Line of Section	22,	Township 25N	Range 6W	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"/>	Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation	P. O. Box 1702, Farmington, New Mexico 87499		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Negotiating.			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	E	22	25N
			6W
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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3/4/83	3/18/83		6397' KB		6349' KB			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6607' KB, 6594' GL	Gallup		5904' KB		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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/9/83	5/9/83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	100	300	1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	46	-0-	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.

  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)  
5/9/83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 10 1983  
BY MARK Y. 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 condition.