

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-
Effective 1-1-83

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 ☐ Gas Transporter

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Salazar G Com 22 Well No. 3 Pool Name, Including Formation Devils Fork Gallup Ext. Kind of Lease State, Federal or Fee Federal SF Lease No. 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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 ☒ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit E Sec. 22 Twp. 25N Rge. 6W Is gas actually connected? Yes When 6/22/83

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

COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, 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

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, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF
OIL CON. DIV. DIST. 3

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, Operations Manager
6/22/83

OIL CONSERVATION COMMISSION
APPROVED JUN 22 1983
Original Signed by CHARLES GHULSON
BY DEPUTY OIL & GAS
TITLE
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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.