

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3085/10  
**RECEIVED**  
MAR 20 1984  
OIL CON. DIV.  
DIST. 3

Operator  
Merrion Oil & Gas Corporaton  
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 Box Canyon Com	Well No. 1	Pool Name, including Formation Devils Fork Gallup Ext.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>M</u> ; <u>1200</u> Feet From The <u>South</u> Line and <u>720</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 15
	Twp. 25N	Rge. 6W
	Is gas actually connected? No	
	When 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/7/84	Date Compl. Ready to Prod. 2/11/84	Total Depth 6390' KB		P.B.T.D. 6354' KB				
Elevations (DF, RKB, RT, GR, etc.) 6512' GL, 6525' KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5883' KB		Tubing Depth 5889' KB			
Perforations 5883, 5897, 5906, 5918, 5941, 5987, 5989, 6004, 6081, 6095, 6108, 6161, 6172, 6180, 6215, 6229, 6264, 6282, 6297, 6303, 6305, 6307						Depth Casing Shoe 6390		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		340' KB		200 sx (412 cu. ft.)			
7-7/8"	4-1/2"		6390' KB		700 sx (1442 cu. ft.)			
	2-3/8"		5889' KB		100 sx (122 cu. ft.)			
					225" (275" )			

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)

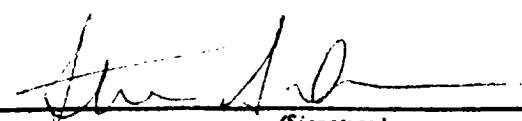
Date First New Oil Run To Tanks 3/17/84	Date of Test 3/18/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 25 PSI	Casing Pressure 200 PSI	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. -0-	Gas - MCF 116

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 Division 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

(Title)

3/19/84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1984, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 deviation 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.