

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1017, Farmington, New Mexico 87499

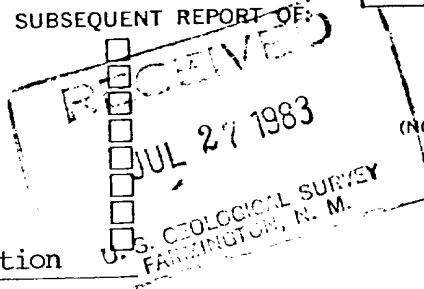
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL and 790' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) PBID, First production

SUBSEQUENT REPORT OF:



5. LEASE

SF 079086

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Canada Mesa Com

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R.; M., OR BLK. AND SURVEY OR AREA
Sec. 10, T24N, R6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6409' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PBID - 6553' KB
First Production - 7/19/83

RELEASED
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operations Manager DATE 7/25/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

ACCEPTED FOR RECORD

AUG 01 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY
(S.D.) MATHEW N. MILLERBACH

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 25 1983

OIL CON. DIV
DIST. 3

Merrion Oil & Gas Corporation

Address

P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change In Ownership

☐

Change In Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Dual Completion

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Canada Mesa Com	4	Devils Fork Gallup	State, Federal or Fee	Federal SR 079086
Location				
Unit Letter	A	790'	Feet From The	North
		Line and	790	Feet From The
		East		
Line of Section	10	Township	24N	Range
		6W	, NMPM, Rio Arriba County	
		County		

III. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	10	24N	6W	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'
XX	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5/30/83	9/10/83		6668' KB		6375' KB			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6422' KB, 6409' GL	Gallup		5352' KB		5324' KB			
Perforations			Depth Casing Shoe					
5576 - 5579, 2 PF, 8 holes; 5549, 5567, 2 PF, 38 holes; 5352, 63, 73, 79. 92, 5414, 16, 18, 20, 33, 35, 37, 39, 46, 48, 60, 1 hole each,			6668' KB					
TUBING, CASING, AND CEMENTING RECORD 16 holes								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		214' KB		170 sx (350.2 cu. ft.)			
7-7/8"	5-1/2"		6668' KB		225 sx (549 cu. ft.)			
	1-1/2"		5324' KB		700 sx (1442 cu. ft.)			
					100 sx (122 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.)	
10/11/83	10/20/83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	250	650	3/4
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	66	-0-	460

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

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.

(Signature)

Steve S. Dunn, Operations Manager

(Title)

10/21/83

(Date)

OIL CONSERVATION DIVISION

APPROVED

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 allow-
able 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.Separate Forms C-104 must be filed for each pool in multiply
completed wells.