

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

3099/10

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	1st del. 10-9-84
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

RECEIVED
OCT 04 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lessee Name Edna	Well No. 3R	Pool Name, including Formation Devils Fork Mesaverde	Kind of Lease State, Federal or Fee Fee	Lease
Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba Co				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conocochee Surface Trans.	Address (Give address to which approved copy of this form is to be sent) 555 17th St. Denver Co. P. O. Box 1887, Bloomfield, New Mexico 87411
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 4289, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>7</u> Twp. <u>24N</u> Rge. <u>6W</u> Is gas actually connected? <u>Yes</u> When <u>10-9-84</u> <u>As soon as possible</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-535

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. <input type="checkbox"/>		
Date Spudded 7/20/84	Date Compl. Ready to Prod. 9/7/84	Total Depth 6022' KB	P.B.T.D. 5980' KB
Elevations (DF, RKB, RT, GR, etc.) 6815' KB, 6802' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4644' KB	Tubing Depth 5924' KB
Perforations 4903, 4898, 4886, 4878, 4868, 4859, 4849, 4850, 4810, 4806, 4800, 4787, 4786, 4652, 4648, 4644, 16 holes, .34"			Depth Casing Shoe 6022' KB
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24 #/ft, J-55	224' KB	170 sx (200.6 cu. f.)
7-7/8"	4-1/2", 10.5 #/ft, J-55	6022' KB	225 sx (275 cu. ft.)
			700 sx (1442 cu. ft.)
	2-3/8"	5924' KB	100 sx (122 cu. ft.)

V. 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 to be able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/23/84	Date of Test 9/29/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure 60	Casing Pressure 60	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 9	Gas - MCF 25

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

I. 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)

10/3/84

OIL CONSERVATION COMMISSION

11-15-84

NOV 15 1984

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1106.
If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the do tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of