

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

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lessee Name John S. Dashko	Well No. 4	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Free Federal NM	Lease 03010
Location Unit Letter E : 1670 Feet from The North Line and 980 Feet from The West Line of Section 12 Township 24N Range 7W, NMPM, Rio Arriba Court				

I. 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 Co.	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 E	Sec. 12	Twp. 24N	Pge. 7W	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:

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. R. <input type="checkbox"/>		
Date Spudded 9/12/84	Date Compl. Ready to Prod. 10/12/84	Total Depth 5935' KB	P.B.T.D. 5891' KB
Elevations (DF, RKB, RT, CR, etc.) 6685' GL, 6698' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5583' KB	Tubing Depth 5575'
Perforations 5583, 5587, 5597, 5632, 5636, 5642, 5650, 5663, 5666, 5668, 5678, 5698, 5743, 5775, 5777, 5780, 16 holes. 0.34" diameter			Depth Casing Shoe 5933' 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	220' KB	170 sx (350.2 cu. ft.)
8-5/8"	4-1/2", 10.5 #/ft., J-55	5933' KB	225 sx (274.5 cu. ft.)
			700 sx (1442 cu. ft.)
	2-3/8"	5575' 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 top of hole for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 10/12/84	Date of Test 10/13/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 25	Casing Pressure 275	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 41	Water - Bbls. trace/frac water	Gas - MCF 144

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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)

OIL CONSERVATION COMMISSION

APPROVED DOE, 19 84
BY Original Signed by FRANK J. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

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