

NYA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C.	
ILE		AND		11/10/10 1-1-85	
U.S.C.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
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:		
Recompletion <input type="checkbox"/>			Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change of ownership give name and address of previous owner			OIL CON. DIV.		
			DIST. 3		
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Krystina		1		WC Gallup	
Location		Kind of Lease		Lease No.	
		State, Federal or Fee		Fee	
Unit Letter K		1820		Feet From The South Line and 1650	
				Feet From The West	
Line of Section 14		Township 24N		Range 2W, 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"/>			Address (Give address to which approved copy of this form is to be sent)		
Giant Refining			P. O. Box 256, Farmington, New Mexico 87499		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Unknown					
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		K		14	
		Twp.		24N	
		Rge.		2W	
		Is gas actually connected?		When	
		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 <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"/> Some Rea't. <input type="checkbox"/> Diff. Rea't. <input type="checkbox"/>					
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
10/13/84		12/20/84		8150' KB	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
7312' KB, 7299' GL		Gallup		6692' KB	
Perforations		6691, 6692, 6693, 6699, 6715,		When	
		6717, 6728, 6735, 6744, 6753, 6763, 6771, 6773, 6777, 6782, 6787, 6802, 6806,		As soon as possible	
		6811, 6813, 6816, 6821, 6827, 6830			
TUBING, CASING, AND CEMENTING RECORD 6843, 6855, 6870, 6876, 6886					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12-1/4		9-5/8", 36 #/ft, J-55		322' KB	
8-3/4 & 7-7/8"		5-1/2", 15.5 & 17 #/ft,		K-55 8141' KB	
		2-7/8"		6670' KB	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
1/7/85		1/8/85		Pumping	
Length of Test		Tubing Pressure		Casing Pressure	
24 hour		20 PSI		50 PSI	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
		12		7 (frac water)	
				Gas - MCF	
				66	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shot-in)		Casing Pressure (Shot-in)	
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					
Operations Manager					
1/8/85					
OIL CONSERVATION COMMISSION					
APPROVED JAN 09 1985					
BY Original Signed by FRANK T. CHAVEZ					
SUPERVISOR DISTRICT # 3					
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 deviated 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.					

Perfs cont. 6894, 6899, 6907, 6909, 6912, 6916, 6918, 6929, 6936, 6939, 39 holes.