

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87501

DISTRICT II
P.O. Box 1100, Aztec, NM 88201

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERRION OIL & GAS CORPORATION		Well API No.
Address P. O. BOX 840, FARMINGTON, NEW MEXICO 87499		
Reason(s) for filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐	Effective 3/1/90
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal B	Well No. 1	Pool Name, Including Formation Dufers Point Gallup-Dakota	Kind of Lease State <u>Federal</u> of Fee	Lease No. NM-28751
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>24N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Meridian Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Merrion Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 840, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>3</u>	Twp. <u>24N</u>	Rge <u>8W</u>
	Is gas actually connected?		When?	
	Yes		1/86	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		PBTD			
Elevations (DF, RAB, RI, GR, etc)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE		TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
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

VI. OPERATOR 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.

Signature Steven S. Dunn
Printed Name Steven S. Dunn Operations Manager
Title
Date 2-26-90 (505) 327-9801
Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1990

Date Approved

By

Barry J. Chang

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.