

SANTA FE				NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
FILE				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-	
U.S.G.S.				AND		Effective 1-1-85	
LAND OFFICE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION 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 type="checkbox"/>	Change in Transporter of:		Change owner for Kimbell well Salazar			
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>		Federal #4 to Merrion.	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner							
Kimbell Oil Company, P. O. Box 1097, Farmington, New Mexico 87499							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease	Lease No.	
Salazar Federal 34		4	Devils Fork Gallup		State, Federal or Fee	Federal	SF 080136
Location							
Unit Letter	H	1650	Feet From The	North	Line and	1090	Feet From The
						East	
Line of Section	34	Township	25N	Range	R6W	, NMPM, Rio Arriba	
						County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input type="checkbox"/>				or Condensate <input type="checkbox"/>			
Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>				or Dry Gas <input checked="" type="checkbox"/>			
Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas Co.				Box 990 Farmington NM 87499			
If well produces oil or liquids, give location of tanks.				Unit	Sec.	Twp.	Pge.
				Is gas actually connected?		When	
				Yes		2:5:59	
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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
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.)				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas - MCF		
						DIV. 3	
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		
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.				OIL CONSERVATION COMMISSION			
				APPROVED			
				MAR 17 1983			
				Original Signed by FRANK T. CHAVEZ			
				BY			
				SUPERVISOR DISTRICT # 2			
				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 deviation tests taken on the well in accordance with RULE 111.			
				All sections of this form must be filled out completely for allowable 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 Form C-104 must be filed for each pool in multiple			
Steve S. Dunn, Operations Manager							
(Signature)							
(Title)							
3/16/83							
(Date)							