

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

*JS*

Operator  
Merrion Oil & Gas Corporation

Address  
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Salazar G 34	Well No. 1	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF0801
Location Unit Letter <u>K</u> ; <u>1630</u> Feet From The <u>South</u> Line and <u>1660</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u>				

II. 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 87401
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 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>34</u> Twp. <u>25N</u> Rge. <u>6W</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff.
	XXX		XXX					
Date Spudded 11/15/82	Date Compl. Ready to Prod. 2/10/82	Total Depth 5850' KB	P.B.T.D. 5800' KB					
Elevations (DF, RKB, RT, GR, etc.) 6387' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5480' KB	Tubing Depth 5470' KB					
Perforations 5480 - 5708 KB			Depth Casing Shoe 5850' KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	200' KB	170 sx Cement
7-7/8"	4-1/2"	5850' KB	175 sx Class 'H' 2% I
			600 sx Class 'B' 2% I
			100 sx Class 'B' 2% I

IV. 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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2/9/82	Date of Test 1/10/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hours	Tubing Pressure	Casing Pressure 150	Choke Size 1/2"
Actual Prod. During Test	Oil - Bbls. 20.6	Water - Bbls. -0-	Gas - MCF 62

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

V. 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.

*Steve S. Dunn*  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)

2/10/82  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 deep well, this form must be accompanied by a tabulation of the dev 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 well name or number, or transporter, or other such change of con

