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State of New Mexico Energy, Minerals and Natural Resources Department

Form C 104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRUCE II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

copies:

SUPERVISOR DISTRICT #3

DISTRICTIII 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

OCD, Aztec Well File

Accounting

I.			LE AND AUTHORIZA	HON	1 Land Dept
Operator	10 18	ANSPORT OIL	AND NATURAL GAS	T Well API No.	
MERRION OIL & GAS (CORPORATION				
P. O. Box 840, Farm	. 	exico 87499			
Reason(s) for Filing (Check proper box)			Other (Please explain)	**************************************	
New Well	Change i	n Transporter of:			
Recompletion	Oil L	Dry Gas			
Change in Operator X	Casinghead Gas	Condensate			
f change of operator give name and address of previous operator	Texaco, Inc	P. O. Box	46555, Denver, CO	80201-6555	
I. DESCRIPTION OF WELL					
Lease Name Dome Navajo 14-26-13	Well No	,	-	Kind of Lease State, Fedgal or Fee	Lease No.
Location	<u> </u>	WAW PIC	Cliffs Fruitland	Julie, reggin vi rec	NM 7787
Unit Letter P	: 1190'	Feet From The	SouthLine and 1190'	Feet From The	East. Line
Section 14 Town	ship 2 <u>6N</u>	Range 13W	, NMPM, S	an Juan	County
III. DESIGNATION OF TRA			4		
Hame of Authorized Transporter of Oil	or Cond	ensale	Address (Give address to which	approved copy of this for	n is to be sent)
Name of Authorized Transporter of Ca		or Dry Gas X	Address (Give address to which	approved copy of this for	n is to be sent)
El Paso Natural Gas Co	ompany		P. O. Box 4990.	Farmington. N	4 87499
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	When 7	L_OI499
			yes	<u> </u>	
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease o	or pool, give commingl	ing order number:		
Designate Type of Completion	Oil W	ell Gas Well	New Well Workover	Deepen Plug Back S	ame Res'v Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		l
			P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Cas Pay	Tubing Depth	
Perforations	L			man in the last section	er .
				Depth Casing	Shoe
	TUBIN	G, CASING AND	CEMENTING RECORD		-
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET	S/	CKS CEMENT
					
v. TEST DATA AND REQU	(FST FOR ALT O	VANIE	J	I	
			the state of the s		
Date First New Oil Run To Tank	Date of Test	ne oj toda ou ana musi	he equal to or exceed top allowal Producing Method (Flow, pump	ble for this depth or be fo , gas lift, etc.)	r full 24 hours)
				, ,	
1 ength of Test	Tubing Pressure		Casing Pressure	12 Politic Size	- · ·
Actual Prod. During Test				V E IM	
Actua Frod. During Test	Oil - Bhis.		Water Bbls.	La MCF	
(1.0)	L		LAUG27 K	390	
GAS WELL					
Actual Prod. Test - MC17D	Length of Test		THE CONCHENCE !	DIVI bravity of Co	ndensate
lesting Method (pilot, back pr.)	Tubing Pressure (S	hut-in)	Casing Piessure (Shut-in)	Choke Size	
VI ODEDATOR GERMAN		*****		··-······	
VI. OPERATOR CERTIF	ACATE OF CON	MPLIANCE	011 00110		
I hereby certify that the rules and rules have been countied with	egulations of the Oil Cor	servation	OIL CONS	SERVATION D	NOISIVI
Division have been complied with is true and complete to the best of	and that the information	given above	ii.		
is true and complete to the best of my knowledge and belief.			Date Approved	AUG 2 8 19	90
41.	<i>l</i> .		H		
Signature	<u></u>		Ву	7	
Steven S. Dunn	Operations	Managar	Uy	our, the	

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

Steven S. Dunn

Printed Name

Date

8-22-90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Tille.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Operations Manager

Title

Telephone No.

327-9801

- 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.