

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

cc: 6 OCD, Aztec
1 Well File
1 Pitco, Locke
1 Land
2 Acct

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

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. 30-031-20522
Address P. O. Box 840, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) Re-entry <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 2-16-19-5	Well No. 2	Pool Name, including Formation Papers Wash Entrada	Kind of Lease State, Federal or Fee	Lease No. V-1621
Location Unit Letter H : 2310' Feet From The North Line and 330' Feet From The East Line Section 16 Township 19N Range 5W , NMPM , McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-3-77	Date Compl. Ready to Prod. 1/23/91	Total Depth 5383' KB	P.B.T.D. 5235' KB					
Elevations (D/F, R/K/H, RT, GR, etc.) 5676' GL	Name of Producing Formation Entrada	Top Oil/Gas Pay 5184' KB	Tubing Depth 2914' KB					
Perforations 5184' - 5383' KB			Depth Casing Shoe 5373' KB					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-3/4"	9-5/8"	205'	200 sx cl "B"					
8-3/4"	7"	5373'	955 sx cl "B" 2 stage					
N/A	3-1/2"	2914'	N/A					

V. TEST DATA AND REQUEST FOR ALLOWABLE

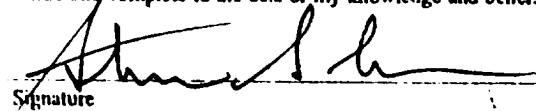
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth for 10-24 hours)			
Date First New Oil Run To Tank 1/23/91	Date of Test 1/24/91	Producing Method (Flow, pump, gas lift, etc.) electric sub pump	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 1275	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF/D	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 
Printed Name **Steven S. Dunn** Title **Operations Manager**
Date **7/7/91** Telephone No. **505 327-9801**

OIL CONSERVATION DIVISION

Date Approved **JUL 10 1991**
By **Original Signed by CHARLES GHOLSON**
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.