

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Merrion Oil & Gas Corporation

Address
P. O. Box 840, Farmington, New Mexico 87499

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)

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JUN 21 1985

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zia	Well No. 1	Pool Name, including Formation WC Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. V 82-3
Location Unit Letter <u>0</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>20N</u> Range <u>6W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

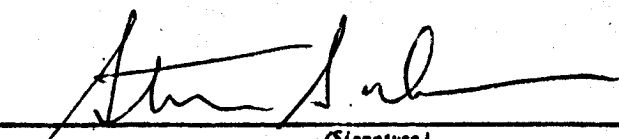
Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>2</u> Twp. <u>20N</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:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Steve S. Dunn, Operations Manager
(Title)
6/18/85
(Date)

OIL CONSERVATION DIVISION
JUN 21 1985
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 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 Forms C-104 must be filed for each pool in multiply completed wells.

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	6/6/85	Date Comp. Ready to Prod.	6/10/85	Total Depth	3167' KB	P.B.T.D.	3116' KB	Tubing Depth	2738' KB
Elevations (D.F., RKB, RT. CR., etc.)	6935 KB, 6922' GT	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	2291' KB	Tubing Depth	2738' KB	Depth Casing Shoe	3159' KB
Perforations 2742 - 2748, 2468 - 2472, 2291 - 2296' KB. 4/PF									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	12-1/4" KB	CASING & TUBING SIZE	8-5/8", 23 #/ft, J-55	DEPTH SET	92.5' IB	SACKS CEMENT	80 sk (94.4) B	300 sk (534)	
	6-3/4"		4-1/2", 10.5 #/ft, J-55		3107' KB				
	2-3/8"				2738' KB				

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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	6/8/85	Date of Test	6/14/85	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Tubing Pressure	50	Casing Pressure	50
Actual Prod. During Test	Oil - Bbls. 6 Bbls	Water - Bbls.	34	Gas - MCF	TSTM

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