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## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

DISTRICT.III 1000 Rio Brazos Rd., Aziec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.			LE AND AUTHORIZAT	ION		
I. Operator	IO IHA	ANOPURI UIL	AND NATURAL GAS	Well API No.		
MERRION OIL & GAS CORPO	DRATION					
P. O. BOX 840, Farming	con, New Mex	ico 87499		COMMINSTER OF STREET, AND ADDRESS CONTRACTOR OF STREET, STATES AND CONTRACTOR OF STATES AND	repositer og gar- og framkjar joskin av krisk i skrikk i skrik i som de s 1972 blev i s	
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well L. I Recompletion		Transporter of:	Effective 3	/1/90	•	
Change in Operator	Casinghead Gas [				•	
If change of operator give name and address of previous operator	The second secon					
II. DESCRIPTION OF WELL / Lease Name		Pool Name, Includir	ng Formation	Kind of Lease	Lease No.	
Zia	1	Pot Mesa 1	Mesaverde	State, Freignsberg For	V-82-3	
Location					_	
Unit LetterO			outh Line and1980	Feet From The	East Line	
Section <sup>2</sup> Township	, 20N	Range 6W	, NMPM, Mc	Kinley	County	
III. DESIGNATION OF TRANS				approved conv of this form	n is to be sent)	
Meridian Oil, Inc.	XX or Coude		Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, New Mexico 87499			
			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.   Rgc.   20N   6W	Is gas actually connected?	When 7		
If this production is commingled with that I IV. COMPLETION DATA	rom any other lease or	r pool, give commingl	ing order number:	alone M. There against a season and another the advance to the control of the con		
Designate Type of Completion	(V)	II Gas Well	New Well   Workover   1	Deepen   Plug Back   Sa	ame Res'v Diff Res'v	
Date Spudded	Date Compt. Ready t	to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Formation	Top Oil/Gas Pay	Tubing Depth	······································	
Perforations				Depth Casing	Shoe	
and the second second	THUNK	CA CINICA NIC	AND ADMICHAGO DEGGODIS			
HOLE SIZE		UBING SIZE	DEPTH SET	SA	CKS CEMENT	
			· MANAGEMENT OF THE PROPERTY O		\$2000 - 1 00 00 0 0 00 1 00 000 0 1 0 1 000 00	
			The same of the sa		an analysis and reference and the state of t	
			And a second control of the second se			
V. TEST DATA AND REQUES					6.4.24.1	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	e of load oil and must	Producing Method (Flow, pump)		r Juli 24 hours.)	
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	2 k - 25/98 k	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF		
1	I	and the same and t	1			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Giavity of Co		
Testing Method (pilot, back pr.)	Tubing Pressure (Sh	out in)	Casing Pressure (Shut-in)	Choke Sia	en de la Maria	
VI. OPERATOR CERTIFIC			OIL CONS	EDVATION F		
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 feet of my knowledge and Velief.			OIL CONS	SERVATION D		
			Data Anarras	FEB 28 19	190	
Mun	- 11 hu		Date Approved	<b>/</b>	dana di Sidagatrando, pri cala ragion fon de la cirilidada de cuerca ales de derivad, e cu	
			By	Bill Oh		
Signature Steven S. Dunn	Operation	ns Manager	Dy	UPERVISOR DIS	TRICT #3	
Printed Name		Title	Title	J. 2.1710011 010		
)-26-90 Date	the contract of the contract o	27-9801 elephone No.	,0		A MANAGEMENT OF THE PROPERTY OF THE STATE OF	

- [28] HTD ATTIST This form is in by filed if statishings will little [14]

  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.

### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(***** *******			
DISTRIBUTION			
BANTA FE			
PILE			
U.\$.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
THE STATE OF THE S	DAS		
OPERATOR			
PROMATION OFFICE			

# OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Revised 10-01-78 Format 06-01-83

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104

REQUEST FOR ALLOWABLE AND

OPERATOR		R ALLOWABLE	A Company of the Comp			
PROMATION OFFICE	AND AND					
*	AUTHORIZATION TO TRANSF	PORT OIL AND NATU	RAL GAS			
Operator		<del> </del>				
•	Q.,	•				
Merrion Oil & Gas	Corp.	· · · · · · · · · · · · · · · · · · ·		•		
Address						
		499				
Reoson(s) for filing (Check proper box)  Other (Please explain)						
New Well	Change in Transporter of:					
Recompletion	on X OII Dry Gas					
Change in Ownership	Casinghead Gas Co	ondensate				
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	LEASE		•			
Lease Name	Well No. Pool Name, including Fo	ormation	Kind of Lease	Lease No.		
Zia	1 Pot Mesa Mes	saverde ·	State, Federal or Fee State	V-82-3		
Location			3-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4			
Unit Letter 0 : 9	90 Feet From The South in	e and1980	Feet From The East			
Line of Section 2 Town	nship 20N Range	6W , NMPM	, McKinley	County		
Name of Authorized Transporter of CIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Cive address	to which approved copy of this form is t	o be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. O 2 20N 6W	Is gas actually connecte	ed? When	•		
If this production is commingled with	a that from any other lease or pool,	give commingling order	r number:			
NOTE: Complete Parts IV and V	on reverse side if necessary.					
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVATION DIVISION				
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.  APPROVED  BY						
	and the second s	TITLE SU	PERVISION DISTRICT # 8			
		This form is to	be filed in compliance with RULE	1104,		
(Signat		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 AULE 111.				
Operations Manage DEC 1	Y 1987	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	7 1001	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.				