

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

3068/K
3032
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JAN 21 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Normal 06-01-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Merrion Oil & Gas Corporation	
Address P. O. BOX 840, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Corrales	Well No. 1	Pool Name, Including Formation WZ Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. NM 53926
Location Unit Letter <u>0</u> ; <u>465</u> Feet From The <u>South</u> Line and <u>1785</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>20N</u> Range <u>6W</u> , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

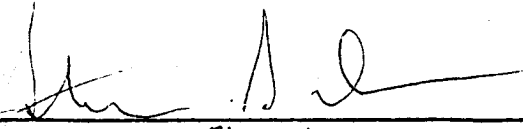
Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1320, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : <u>0</u> Sec. : <u>3</u> Twp. : <u>20</u> Rge. : <u>6W</u>
Is gas actually connected?	No

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)
1/16/86
(Date)

OIL CONSERVATION DIVISION

JUL 28 1987

APPROVED _____
Original Signed by CHARLES GHOLSON

BY _____
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.
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Date Spudded	11/29/86	Date Compl. Ready to Prod.		Total Depth	3223' KB	P.B.T.D.	
Elevations (D.F., RKB, RT, CR, etc.)	6920' KB, 6912' GL	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	2196' KB	Tubing Depth	2211' KB
Perforations	3057-67, 3042-52, 2745-48, 2739-41, 2576-81, 2540-50, 2527-35,				2196' KB	Depth Casing Shoe	2211' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 23 #/ft, J-55	108' KB	80 sx Class B (94.4)
7-7/8"	5-1/2", 14 #/ft, J-55	3197' KB	190 sx Class B (391.4)
			190 sx Class H (231.88)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks	1/3/86	Date of Test	1/15/86	Producing Method (Flow, pump, gas lift, etc.)	Flowing	Choke Size	3/4
Length of Test	24 hour	Tubing Pressure	350	Casing Pressure	470	Gas-MCF	2594
Actual Prod. During Test		Oil-Bbls.	10	Water-Bbls.	97	Gas-MCF	2594

GAS WELL

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