

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

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator <b>Merrion Oil &amp; Gas Corporation</b>		Well API No. <b>30-031-20945</b>
Address <b>P. O. Box 840, Farmington, NM 87499</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 <b>Little Blue Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated Mesaverde</b>	Kind of Lease State, Federal or Fee <b>XX</b>	Lease No. <b>NM-4953</b>
Location Unit Letter <b>E</b> : <b>2310'</b> Feet From The <b>North</b> Line and <b>330'</b> Feet From The <b>West</b> Line Section <b>15</b> Township <b>19N</b> Range <b>5W</b> , NMPM, <b>McKinley</b> 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"/> <b>Meridian Oil</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4289, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Water for #</b>	Address (Give address to which approved copy of this form is to be sent) <b>2805038</b>
If well produces oil or liquids, give location of tanks. Unit <b>E</b> Sec. <b>15</b> Twp. <b>19N</b> Rge. <b>5W</b>	Is gas actually connected? <b>no</b> 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) <b>X</b>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded <b>10-19-89</b>	Date Compl. Ready to Prod. <b>5-6-90</b>	Total Depth <b>2155' GL</b>	P.B.T.D. <b>2166'</b>
Elevations (DF, RAN, RT, GR, etc.) <b>6601' GL</b>	Name of Producing Formation <b>Mesaverde</b>	Top Oil/Gas Pay <b>1666'</b>	Tubing Depth <b>2028'</b>
Perforations <b>1666' 1670' KB; 1881-1998' KB</b>			Depth Casing Shoe <b>2145'</b>

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE <b>12-1/4"</b> <b>6-1/4"</b>	CASING & TUBING SIZE <b>7"</b> <b>4-1/2"</b> <b>2 3/4"</b>	DEPTH SET <b>100' KB</b> <b>2145' KB</b> <b>2028'</b>	SACKS CEMENT <b>50 sx C1 "B"</b> <b>300 sx C1 "B"</b>
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### 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 or be for full 24 hours.)

Date First New Oil Run To Tank <b>5-7-90</b>	Date of Test <b>6-30-90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pump</b>
Length of Test <b>24 hr</b>	Tubing Pressure <b>10</b>	Casing Pressure <b>60</b>
Actual Prod. During Test	Oil - Bbls. <b>3</b>	Water - Bbls. <b>134</b>
		Choke Size <b>TSTM</b>

### GAS WELL

Actual Prod. Test - MCF/D <b>40</b>	Length of Test	Bbls. Condensate/MMCF	Gr. Dk. 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 **Steven S. Dunn** Operations Manager  
Printed Name **Steven S. Dunn** Title  
Date **9/7/90 2-14-94** 505-327-9801 Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **FEB 15 1994**

By **Original Signed by CHARLES GUNLSON**

Title **DEPUTY OIL**

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.