

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-83

Operator Merrion Oil & Gas Corporation		
Address P.O. Box 1017, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change of field name.
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Ownership ☐		

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

DESCRIPTION OF WELL AND LEASE

Lease Name Theodore Zink Com	Well No. 1	Pool Name, including Formation Counselors Gallup-Dakota	Kind of Lease State, Federal or Fee Federal NM	Lease No. 23231
Location Unit Letter <u>D</u> : <u>460</u> Feet From The <u>North</u> Line and <u>1005</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>23N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico 87499					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 23N	Rge. 6W	Is gas actually connected? Yes	When 1/17/83

If this production is commingled with that from any other lease or pool, give commingling order number: R-7034-A

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Re-try	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		BACKS CEMENT			

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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Steve S. Dunn
(Signature)
Steve S. Dunn, Operations Manager
(Title)
6/6/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED Frank J. Dunn, 19 84
BY Frank J. Dunn
TITLE SUPERVISOR DISTRICT # 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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.