

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

Operator  
Merrion Oil & Gas Corporation

Address  
Post Office Box 1017, 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)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name NCRA State	Well No. 1	Pool Name, Including Formation Devils Fork Mesaverde/Gallup	Kind of Lease State, Federal or Fee	State E	Lease 1207
Location Unit Letter <u>E</u> : <u>1775</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba Co					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO, INC. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 555 17th Street, 9th Floor, Denver, CO 80202					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Merrion Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1017, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 16	Twp. 24N	Pge. 6W	Is gas actually connected? Yes	When 1963

If this production is commingled with that from any other lease or pool, give commingling order number: HA 4882

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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			SACKS CEMENT		

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 to be able 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

RECEIVED  
NOV 02 1984  
OIL CON. DIV.  
DIST. 3

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

I. 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.



OPERATIONS MANAGER

(Title)

OIL CONSERVATION COMMISSION

NOV 02 1984

APPROVED \_\_\_\_\_, 19\_\_

BY 

TITLE SUPERVISOR DISTRICT # 3

This form is to be filled in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or d.  
well, this form must be accompanied by a tabulation of the d.  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely fo  
able on new and recompleted wells.