

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-11
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

MERRION OIL & GAS CORPORATION

Address

P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of Operator

Operator

If change of ownership give name
and address of previous owner

J. Gregory Merrion, Box 507, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name Edna	Well No. 1	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u>			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>7</u>	Twp. <u>24N</u>	Rge. <u>6W</u>	Is gas actually connected? <input type="checkbox"/>	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
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 of well and must be equal to or exceed
able for this depth or be for full 24 hours)

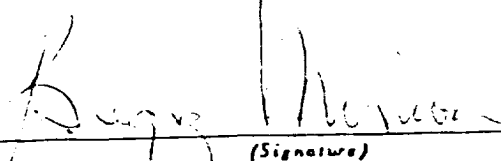
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

FEB 10 1982
OIL CON. COM.
DISTRICT 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

VI. 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.

J. Gregory Merrion, President

(Title)

2/5/82

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 11
If this is a request for allowable for a newly drilled oil
well, this form must be accompanied by a tabulation of the
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes
in transporter or other such change