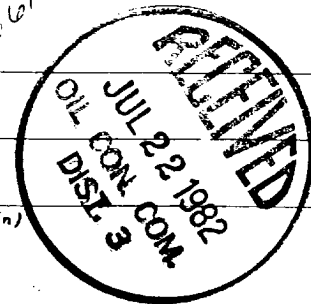


DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 1-1-83

A.L.  
3061-K



Operator  
Merrion Oil & Gas Corporation  
Address  
P. O. Box 1017, Farmington, New Mexico 87401

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 Gonzales Com	Well No. 1	Pool Name <del>Devils Fork</del> Gallup	Kind of Lease State, Federal or Fee Federal	Lease SF080136
Location Unit Letter <u>N</u> : <u>950</u> Feet From The <u>South</u> <del>North</del> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u>				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, 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) P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 25N	Rge. 6W	Is gas actually connected? No	When <u>7-30-82</u> As soon as possible

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 <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. R. <input type="checkbox"/>
Date Spudded 5/28/82	Date Compl. Ready to Prod. 7/21/82	Total Depth 6420' KB		P.B.T.D. 6365' KB					
Elevations (DF, RKB, RT, GR, etc.) 6689' GL 6702' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5946' KB		Tubing Depth 5931' GR 5944' KB					
Perforations See Attached	5946-6330		Depth Casing Shoe 6417' KB						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	335' KB		250 sx Class B					
4-1/2"	7-7/8"	6417' KB		225 sx Class H					
				750 sx Class B					
				100 sx Class H					

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

Date First New Oil Run To Tanks 7/15/82	Date of Test 7/21/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 130 PSIG	Casing Pressure 410 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 120 Bbls	Water - Bbls. trace	Gas - MCF 280 MCF

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.

(Signature)

Steve S. Dunn, Operations Manager  
(Title)

7/21/82  
(Date)

7-28-82 OIL CONSERVATION COMMISSION  
JUL 28 1982

APPROVED  
Original Signed by CHARLES GHOLSON, 19

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 deep well, this form must be accompanied by a tabulation of the devils 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 oil well name or number, or transporter, or other such change of condition.