

DISTRICT II
P.O. Drawer 101, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

Monte L. Pardo, New Mexico 87001-2100

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERRION OIL & GAS CORPORATION		Well API No.
Address P. O. BOX 840, FARMINGTON, NEW MEXICO 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective 3/1/90	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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 Edna	Well No. 3R	Pool Name, Including Formation Devils Fork Mesaverde	Kind of Lease Non-Exclusive Fee	Lease No. FEE
Location				
Unit Letter D	790	Feet From The North Line and 790	Feet From The West Line	
Section 7	Township 24N	Range 6W	NMPM, Rio Arriba	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"/> Meridian Oil, Inc.	189.8910	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	189.8930	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit D Sec. 7 Twp. 24N Rge. 6W	Is gas actually connected? Yes When? 10/84
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-535		

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	New Well <input 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	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Tubing Depth
		Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD 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 top allowable for this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
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.

Steven S. Dunn

Signature
Steven S. Dunn
Printed Name
2-26-90
Date
(505) 327-9801
Telephone No.

Operations Manager
Title
(505) 327-9801
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 28 1990**

By *Burt J. Chang*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87501-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
MERRION OIL & GAS CORPORATION		
Address		
P. O. BOX 840, FARMINGTON, NEW MEXICO 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 3/1/90
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Edna	3R	Devils Fork Gallup	XXXXXXXXXX Fee	FEE
Location				
Unit Letter	D	790	Feet From The North	790
		Line and	Feet From The West	Line
Section	7	Township	24N	Range
		6W	NMPM,	Rio Arriba
		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"/>	Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil, Inc.	P.O. Box 4289, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 4990, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	7
	24N	6W
Is gas actually connected?	When?	
Yes	10/84	
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-535		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RF, 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 top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

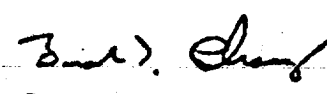
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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
Printed Name
2-26-90
Date
Operations Manager
(505) 327-9801
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990

By 
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 111.

- 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.