Subunit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Dox 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Buttom of Page

## OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator	TO TRANSPORT OIL	L AND NATURAL GAS					
MERRION OIL & GAS COR	PORATION		Well API No.				
P. O. BOX 840, FARMIN	GTON, NEW MEXICO 87499						
Reason(s) for Filing (Check proper box)  New Well	71 A	Other (Please explain)					
Recompletion [ ]	Change in Transporter of: Oil X Dry Gas T T T T T T T T T T T T T T T T T T T						
Change in Operator	Casinghead Gas Condensate			•			
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL. Lease Name	AND LEASE Well No.   Pool Name, Includ	ing Formation	Kind of Lease	······································			
Edna		ork Mesaverde	AMKAKAKAKA Fee	Lease No. FEE			
Location							
Unit LetterD	: 790 Feet From The N	orth Line and /90	Feet From The	West Line			
Section 7 Townshi			Arriba	County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which a		green, or green			
Meridian Oil, Inc.	189 × 910 1-1						
Name of Authorized Transporter of Casin		Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Coll well produces oil or liquids,	ompany /8 7 8 9 3 0 Unit   Sec.   Twp.   Rge.	Jec. Twp. Rge Is gas actually connected? When 7					
give location of tanks.	D 7 24N 6W	Yes	When 7   10/84				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number: DHC-535					
TV. COMBERSTON DATA	(Oil Well   Gas Well	New Well   Workover   D					
Designate Type of Completion	- (X)	New Well   Workover   D	eepen   Plug Back  San	ne 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		1	Depth Casing St				
en e			jas į modamigo.				
HOLE SIZE	TUBING, CASING AND	CEMENTING RECORD		***************************************			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUE	ST FOR ALLOWABLE						
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total volume of load oil and must	t be equal to or exceed top allowable	e for this depth or be for f	ull 24 hours)			
Trate First New Off Run 10 Tank	Date of Test	Producing Method (Flow, pump, g	gas lýt, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF				
to the first of the second							
GAS WELL							
Actual Prod. Test - MCI/D	Length of Test	Hbls. Condensate/MMCF	av Polition	HINAC TO TO			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size				
VI. OPERATOR CERTIFIC	TATE OF COMPLIANCE		· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and regul	ations of the Oil Conservation	OIL CONSE	ERVATION DI	VISION?			
Division have been complied with and is true and complete to the best of my	that the information given above knowledge and belief.		FEB 28 199	nn			
110		Date Approved _	1 LD & 0 133				
M		By -7	Sur Sha				
Signature Steven S. Dunn	Operations Manager	11	•	<b>%</b>			
Printed Name	Title	Title St	JPERVISOR DIST	RICT #3			
2-26-90 Date	(505) 327-9801 Telephone No.						
		100					

INSTITUTIONS: 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 404 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II. P.O. Drawer DD; Xilessii; NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088.

DISTRICTIO	All	illii ia' yam vii	hrich Mari	14 30世界				
1000 Rio Brazos Rd., Aziec, NM 87410		OR ALLOWAE						
Operator		WIOI OITI OIL	MIND IN	I OI IAL GA		VPI No.		
MERRION OIL & GAS CORE	PORATION			···				-
P. O. BOX 840, FARMING Reason(s) for Filing (Check proper box)	GTON, NEW MEX	ICO 87499	Othe	r (Please expla				
New Well	Change in	Transporter of:		•	,	- 1-		
Recompletion		Dry Gas		Effec	tive 3/	1/90	-	
Change in Operator [ ] If change of operator give name and address of previous operator	Casinghead Gas	Condensate [	<b></b>					
H. DESCRIPTION OF WELL A	The state of the state of the state of	Pool Name, Includi			1			
Edna Location	3R	Devils Fo	_	P	1	of Lease Exdensity Fee	FEE	No.
Unit Letter D	790	Feet From The No.	orth Line	and 790	Fe	et From The	Vest	Line
Section 7 Township	24N	Range 61	, NI	APM, R	io Arrib	oa		ounty
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil	SPORTER OF O			e address to wh	hich approved	copy of this form	n is to be sent)	
Meridian Oil, Inc.	ΙΨΫΙ	l				ton, New 1		7400
Name of Authorized Transporter of Casing	flicad Gas [X]	or Dry Gas	Address (Give	e address to wh	iich approved	copy of this form	riexico o	7499
El Paso Natural Gas Co	mpany					ton, New 1		7499
If well produces oil or liquids,	Unit   Sec.	Twp. Rge.	ls gas actually	y connected?	When	7	icarco o	(4.2.2.
give location of tanks.	D 7	24N   6W	Yes		i	10/84		
If this production is commingled with that I	roin any other lease or		ing order numb	er: DHC	-535			
Designate Type of Completion	Oit Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	ime Res'v Di	II Res'v
Date Spankled	Date Compl. Ready to	D Prod.	Total Depth		1	P.B.T.D.		
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing F	Top OlvGas Pay			Tubing Depth			
Perforations			1			Depth Casing	Shoe	
-	THRING	CASING AND	CENTENTED	SC DECOD	13	!		·-·
HOLE SIZE	CASING & TI			DEPTH SET		SA	СКЅ СЕМЕНТ	
*** *							entroles success and annual region of	
V. TEST DATA AND REQUES		•		7				
OIL WELL (Test must be after r	ecovery of total volume	of load oil and must					full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		***************************************	ethod (Flow, pi	unp, gus lýt, e	nc.)		
Length of Test	Tubing Pressure		Casing Pressu	lie		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		1
GAS WELL	· · · · · · · · · · · · · · · · · · ·					r r i r r i tak vieenskeete	- com ( co ( co)	*. *.
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sale/MMCF		Gravity of Co.	Working 7	<u>.</u>
lesting Method (pilot, back pr.)	Tubing Pressure (Shu	ot in)	Casing Press	are (Shut in)		Choke Size	رق دا	المسادر الما
VI OPERATOR CERTEUC	ATE OF COM	PLIANCE						
Thereby certify that the rules and regul.			$\parallel$	OD LIC	<b>ISFRV</b>	ATION D	IVISION	
Division have been complied with and	that the information give	ven above						
is true and complete to the best of my l	mowledge and belief.		Data	Annrous	vd	FEB 28 1	990	ye.
She She	A Company of the State of the S		Date	Approve				
Signature Steven S. Dunn	Operation	ns <u>Manager</u>	By_		3	•		
Printed Name 2-26-90		ns banager Tille 27-9801	Title		SUPER	RVISOR DIS	STRICT #	<b>,</b>
Date		cohone No.	11					

- 1981-BUC-11098; this form is to be filed in compilance with tests 144.

  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.

327-9801 Telephone No.

- 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.