Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. DOX 1980, 110008, NM 88240

Actual Prod. During Test

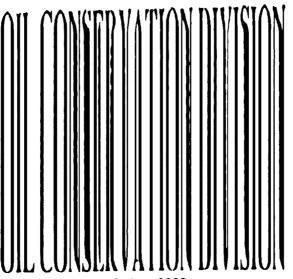
Actual Prod. Test - MCI/D

**GAS WELL** 

Oil - Bbls.

Length of Test

State of New Mexico Energy, Minerals and Natural Resources Department



Revised 1	1.89
See Instru at Bottom	

	OID COURING U					
DISTRICE II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo					
	Santa Fe, New Me	exico 87504-2088				
DISTRICE III 1000 Rio Brazos Rd., Aziec, NM 87410			TION			
	REQUEST FOR ALLOWAE			30-03	3a (	320
i <b>.</b>	TO TRANSPORT OIL	. AND NATURAL GAS		$\propto 0^{-}$	7 -0	3567
Operator			Wallap	E PE	ME	<b>(2)</b>
MERRION OIL & GAS CO	RPORATION			EGE	FE	
Address						IU .
P. O. Box 840, Farmi	ngton, New Mexico 87499			JAN1 9	994	
Reason(s) for Filing (Check proper box)		Other (Please explain)	ı	OBNE O	.001	
New Well	Change in Transporter of:		IL CON	L CON. DIV		
Recompletion	Oil Dry Gas		DIST. 3			
Change in Operator []	Casinghead Gas Condensate			- IJIJI.		
f change of operator give name and address of previous operator						
•						
II. DESCRIPTION OF WELL		P	Kind of	1		ase No.
Lease Name	Well No. Pool Name, Includi	=	4.1.1 -	ctease ederal of Fife	NM-40	
Cot	1 South Blan	co Pictured Cliffs	3 /27711		NM-40	042
Location				_		
Unit LetterA	: 990 Feet From The N	lorth Line and 900	Feet	From The Ea	ıst	Line
25	: 24N Pance 2W	Pio /	Arriba			<b>.</b>
Section 35 Townsh	ip 24N Range 2W	, NMPM, K10 A	AI I I Da	<u> </u>		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which	approved c	opy of this form	is to be se	nt)
Water And it 28A4						
Name of Authorized Transporter of Casin	igliead Gas X or Dry Gas	Address (Give address to which	approved c	opy of this form	is to be see	nı)
El Paso Natural Gas	Company 3844763	P. O. Box 4990, 1	Farming	ton, New	Mexico	)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	When?			
give location of tanks.	A 35 24N 2W	Yes		/31/93		
If this production is commingled with that	from any other lease or pool, give comming	ling order number:				
IV. COMPLETION DATA						
	Oil Well Gas Well	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Resv
Designate Type of Completion	<sup>⊥</sup> - (X)	1 1	1	1		1
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
5/10/85	6/2/85	3252' KB		3195	' KB	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
7292' KB	Pictured Cliffs	3096'		3069		
Perforations				Depth Casing S		
3096'-3166' (10 ho	les)			3238		· · · · · · · · · · · · · · · · · · ·
	TUBING, CASING AND	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
12-1/4"	8-5/8"	92' KB		80 sacks		
6-3/4"	4-1/2"	32381	KB	100 sac	ks	
	1-1/2"	3069'	KB			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE					
	recovery of total volume of load oil and mus	:	·· <del>···</del> ·	<del></del>	full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pum	p, gas lýt, et	c.)		
			<del> </del>	· · — —		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		

Water - Bbls.

Bbis. Condensate/MMCF

Gas- MCF

Gravity of Condensate