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 Boltont of Page

DISTRICE II. D. Alicaia; NM 88210 P.O. Diawer DB; Alicaia; NM 88210 DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

mining by, NoV MOS 2088 rates within REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTR	ANSPORT OIL	AND NATURAL GAS			
Operator	ODATION			Well API No.		
MERRION OIL & GAS CORP	ORATION			1	<u> </u>	
P. O. BOX 840, FARMING	TON, NEW MEX	KICO 87499				
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well	Change in Transporter of:					
Recompletion [] Change in Operator []	Oil X Casinghead Gas	Dry Gas		, -, , ,		
I change of operator give name	Casingnead Gas 1	Condensate				
nd address of previous operator						
I. DESCRIPTION OF WELL A	AND LEASE					
Lease Name	Well No.	Pool Name, Includir	ng Formation	Kind of Lease	Lease No.	
Federal A	1 1	Dufers Poi	nt Gallup-Dakota	State Federal of Fee	NM-014580A	
Location						
Unit Letter0	970	Feet From TheS	outh Line and 1700	Feet From The	East Line	
Section 10 Township	24N	Range 8	W, NMPM,	San Juan	County	
III. DESIGNATION OF TRANS	SPADTED AE (ME AND MATER	DALCAC			
Name of Authorized Transporter of Oil	[XX] or Conde		Address (Give address to which	approved copy of this fo	orm is to be sent)	
Meridian Oil, Inc.	IAM	LJ	P.O. Box 4289, Fa			
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas []			Address (Give address to which approved copy of this form is to be sent)			
Merrion Oil & Gas Corpo	oration		P.O. Box 840, Far	mington, New	Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit Sec.	· · ·	Is gas actually connected?	When 7		
	0 10	24N 8W	Yes	<u> </u>	1/86	
If this production is commingled with that f IV. COMPLETION DATA	tom any other lease o	r pool, give commingl	ing order number:			
Data at the control	Oil We	II Gas Well	New Well Workover 1	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion -		1		İ.	İ	
Date Spudded	Date Compl. Ready	to Past.	Total Depth	P B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	p Oil/Gas Pay Tubing Depth		
Perforations						
T CITY WILL TIP				Depth Casii	ig Shoe	
	THRING	CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMEHT	
					oriono ociment	
V. TEST DÄTÄ AND REQUES	 ST ÉÓR ATLOY	VARLIE				
			be equal to or exceed top allows	Markin skin strust - 1 .	C C H 24 L	
Date First New Oil Run To Tank	Date of Test	it of that on that man	Producing Method (How, pump,	gus lift, etc.)	for full 24 hours.)	
Length of Test			The state of the s			
	Tubing Pressure		Casing Pressure	Choke Size	•	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Use MEF		
· · · · · · · · · · · · · · · · · · ·					We that is U the side	
GAS WELL				,	75 0 1000	
Actual Prod. Test - MCI/D	Length of Test		Ibbls. Condensate/MMCF	Gravity of	ゴム O 155U Condensate	
efformations of the second second						
lesting Method (pitot, back pr.)	Tubing Pressure (SI	iut in)	Casing Pressure (Shul in)	Choke Size		
VI Open Arron Genguera					606€ (), €2	
VI. OPERATOR CERTIFIC	ATE OF COM	IPLIANCE	OIL COME	COVATION	DIVIOLON	
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.			OIL CONSERVATION DIVISION			
			Date Approved FEB 2 8 1990			
1	·)		Date Approved	1 LD 40	าวสบ	
June Ata				7	۸ ا	
Signature Steven S. Dunn Operations Manager			By But Sund			
Printed Name Title			SUPERVISOR DISTRICT			
2 - 26 - 90 (505) 327-9801			Title		TOTAL F3	
Date		deplune No.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.