

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-83

3149/11  
3020/12  
**RECEIVED**  
JUL 17 1984  
OIL CON. DIV.  
DIST. 2

Operator  
Merrion Oil & Gas Corporation  
Address  
P. O. Box 1017, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Roadrunner	Well No. 1	Pool Name, including Formation Duffers Point Gallup Dakota	Kind of Lease State, Federal or Free State	Lease No. LG 191
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan Count				

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)					
Permian Corporation	P.O. Box 1702, Farmington, New Mexico 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Unknown						
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 2	Twp. 24N	Rge. 8W	Is gas actually connected? No	When As soon as possible

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input 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"/> Some Re- XX	Diff. Re-	
Date Spudded 4/8/84	Date Compl. Ready to Prod. 7/7/84	Total Depth 7226' KB	P.B.T.D. 7012' KB
Elevations (DF, RKB, RT, CR, etc.) 7283' BL, 7196' KB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 5921' KB	Tubing Depth 6955' KB
Perforations 7048 - 7060' KB, 7068 - 7076' KB, 2 PF. 5921, 5933, 5971, 5975, 5985, 5987, 5989, 5993, 5995, 6021, 6023, 6026, 6095, 6118, 6169, 6173,			Depth Casing Shoe 7226' KB
TUBING, CASING, AND CEMENTING RECORD 6177, 6179, 6259, 6267, 60 holes			
HOLE SIZE 12-1/4	CASING & TUBING SIZE 8-5/8"	DEPTH SET 235' KB	SACKS CEMENT 170 sx (350.2 cu. ft.)
7-7/8"	4-1/2"	7226' KB	450 sx (549 cu. ft.) H
			1200 sx (2472 cu. ft.)
	2-3/8"	6955' KB	100 sx (122 cu. ft.) H

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 oil able for this depth or be for full 24 hours)

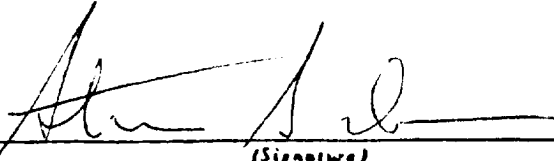
Date First New Oil Run To Tanks 7/11/84	Date of Test 7/15/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hour	Tubing Pressure 100	Casing Pressure 100	Choke Size 1/4" plate
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. -0-	Gas - MCF 28

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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)  
07/16/84  
(Date)

OIL CONSERVATION COMMISSION

807-84  
APPROVED AUG 27 1984, 19  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1106.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transportation or other such changes of condition.