

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 Effective 1-1-85

3048 IN 4-3-85

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 Shoofly	Well No. 1	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Free Federal NM	Lease 1658
Location Unit Letter C : 790 Feet From The North Line and 1650 Feet From The West Line of Section 14 Township 24N Range 8W, NMPM, San Juan Co. C				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, Utah 84108-0901					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14	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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" 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 Res'v. Drill <input type="checkbox"/>		
Date Spudded 11/24/84	Date Compl. Ready to Prod. 12/22/84	Total Depth 5970' KB	P.B.T.D. 5922' KB
Elevations (DF, RAB, RT, CR, etc.) 6952' KB, 6939' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5551' KB	Tubing Depth 5550' KB
Perforations 5551, 5575, 5581, 5590, 5613, 5621, 5646, 5649, 5656, 5743, 5746, 5748, 5756, 5770, 5774, 5795, 5803, 5818, 5822, 5824, 5844, 5826, 22 holes	Depth Casing Shoe 5966' KB		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24 #/ft. J-55	213' KB	170 sx (200.6) B
7-7/8"	4-1/2", 10.5 #/ft. K-55	5966' KB	1025 sx cement
			1838.5 cu. ft.
	2-2/8"	5550' KB	

III. 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 to able for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 2/1/85	Date of Test 2/4/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure 50	Casing Pressure 50	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 47	Water - Bbls. 0	Gas - MCF 129

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

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)
2/4/85

OIL CONSERVATION COMMISSION

FEB 07 1985

APPROVED _____, IS _____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the do tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of