

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

3156/N1
3027/N2
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Form C-104
Revised 10-01-78
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DEC 19 1985

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Merrion Oil & Gas Corporation

Address

P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

- ☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal A	2	Escrito Gallup	State, Federal or Fee Federal	NM 014580A
Location				
Unit Letter	P	940 Feet From The	South Line and 790 Feet From The	East
Line of Section	11	Township	24N	Range 8W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

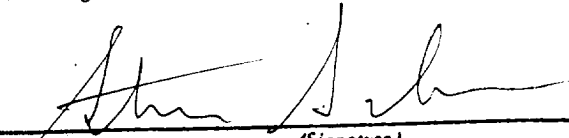
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Mancos Corporation	P. O. Box 1320, Farmington, New Mexico 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	11	24N	8W	No	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

Steve S. Dunn, Operations Manager

(Title)

12/18/85

(Date)

OIL CONSERVATION DIVISION

APPROVED

DEC 19 1985

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

7. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9/16/85	10/23/85		6174' KB			6130' KB			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
7191' KB, 7178' GL	Gallup		5847' KB						
Perforations						Depth Casing Shoe			
5847, 5889, 5901, 5909, 5910, 5936, 6035, 6036, 6041, 6043, 6059, 6066, 6067, 6069, 6088, 6090, 6092, 6111, 6113, 6115, 6126, 21						6173' KB			

TUBING, CASING, AND CEMENTING RECORD			holes
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24 #/ft, J-55	216' KB	170 sx Class B (254.88)
4-1/2"	4-1/2", 10.5 #/ft, J-55	6173' KB	230 sx Class H (280.6)
			700 sx Class B (1442)
	2-3/8" @	(1030 total cu. ft.)	100 sx Class H (122)

7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Pumping	
12/16/85	12/18/85	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	100	3/4
24 hour	Oil - Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. During Test	13		21

GAS WELL		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size