

SANTA FE				NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
FILE				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-	
U.S.G.S.				AND		Effective 1-1-83	
LAND OFFICE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION OFFICE							

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 type="checkbox"/>	Change in Transporter of:	Gas Transporter	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESIGNATION OF WELL AND LEASE									
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.					
Salazar Federal G 34	4	Devils Fork Gallup	State, Federal or Fee Federal SF	080136					
Location									
Unit Letter	H	1650	Feet From The	North	Line and	1090	Feet From The	East	
Line of Section	34	Township	25N	Range	6W	NMPM,	Rio Arriba	County	

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 checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas Company		P. O. Box 990, Farmington, New Mexico 87499							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When			
	H	34	25N	6W	Yes	6/24/83			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.			
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth						
Perforations					Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUN 24 1983, 19	
		BY Original Signed by CHARLES SNOLSON	
		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #2	
Steve S. Dunn, Operations Manager		This form is to be filed in compliance with RULE 1104.	
6/24/83		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.	
(Date)		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	