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 Bottom of Page

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR A	ALLOWAE PORT OIL	ILE AND AUTHORIZ AND NATURAL GA	ATION S			
Operator MERRION OIL & GAS CORE	Well API No.						
Address P. O. BOX 840, FARMING Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Change in Trans Oil [X] Dry Casinghead Gas [] Conc	poiter of:	Other (Please explai	•	1/90		
and address of previous operator							
II. DESCRIPTION OF WELL, Lease Name North Lindrith Com Location	Well No. Pool	Name, Includio Lanco Mes	-		of Lease Federal or Fee	NM-01	ase No. 4773
Unit LetterD	: 990 Feet	From The No.	orth Line and 990	Fe	et From The	West	Lin
Section 20 Township	26N Rang	ge 2V	, NMPM,	Rio Arr	iba		County
HI. DESIGNATION OF TRANS Plane of Authorized Transporter of Oil Meridian Oil, Inc. Name of Authorized Transporter of Casing El Paso Natural Gas Co If well produces oil or liquids, pive location of tanks.	Or Condensate Dead Gas [] or D	Iy Gas X	Address (Give activess to which P.O. Box 4289, F. Address (Give activess to which P.O. Box 4990, F. Is gas actually connected? Yes	arming(chapproved	con, New copy of this form on, New 7	M <u>exico</u> m is to be ser Mexico	87499
If this production is commingled with that f IV. COMPLETION DATA						1979	·— ·
Designate Type of Completion -	Oil Well (X) Date Compl. Ready to Prod.	Gas Well	New Well Workover 	Decpen	Plug Back S	ame Res'v	Diff Res'v
Elevations (DF, RKB, R1, GR, etc.)	Name of Producing Formation	D u	Top Oil/Gas Pay		Tubing Depth		
Perforations	l	. 1			Depth Casing	Shoe	
HOUE SIZE	TUBING, CAS		CEMENTING RECORE DEPTH SET)	SA	CKS CEME	<u>-M[</u>
V TECTIVITÀ AND DESCRIC	4. 1.2.1.						
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank		d oil and must	be equal to or exceed top allow Producing Method (Flow, pur	wible for this up, gas lýt, e	depth or be for	full 24 hour	<u>s)</u>
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		-
Actual Prod. During Test	Oil - Bbls.	· - ···· ·- ·	Water - Bbls.		Gas- MCF	·- · · · · · · · · · · · · · · · · · ·	
GAS WELL Actual Prost Test - MCD/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Co	idenkale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut in)	· · · · · · · · · · · · · · · · · · ·	Casing Pressure (Shut in)		Choke Sige	3	t - · ·
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	tions of the Oil Conservation hat the information given abo		OIL CON	F	ATION D EB 2.8.19		М
the Al	And the same of th		Date Approved		> el.		
Signature Steven S. Dunn Printed Name 2-26-90 Date	Operations M Tide (505) 327-9	801	11		ISOR DIS	TRICT #	} 3 -

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.