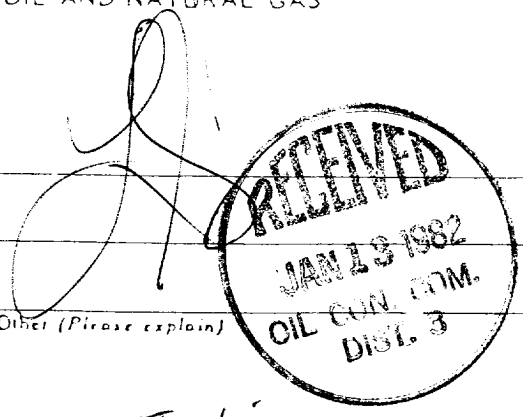


STATE
 FILE
 U.S.C.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and
 Effective 1-1-82

Operator
 MERRION OIL & GAS CORPORATION
 Address
 P. O. Box 1017, Farmington, New Mexico 87401



Reason(s) for filing (Check proper box)
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner
 Merwin & Bagley

DESCRIPTION OF WELL AND LEASE

Lease Name: Warren G 35 Well No.: 2 Pool Name, including Formation: Devils Fork Gallup Kind of Lease: Federal SF 079139
 Location: Unit Letter I : 1650 Feet from The South Line and 610 Feet from The East
 Line of Section 35 Township 25N Range 6W, NMPM, Rio Arriba Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
 Permian Corporation Box 1702, Farmington, New Mexico 87401
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
 El Paso Natural Gas Corporation Box 990, Farmington, New Mexico 87401
 If well produces oil or liquids, give location of tanks: Unit I Sec. 35 Twp. 25 Rge. 6 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 X Gas Well New Well X Workover Deepen Plug Back Some Rest. Diff. F
 Date Spudded 10/26/81 Date Compl. Ready to Prod. 1/11/82 Total Depth 6200 KB P.B.T.D. 6160 KB
 Elevations (DF, RKB, RT, CR, etc.) 6664 GL Name of Producing Formation Gallup Top Oil/Gas Pay 5855 Tubing Depth 5854
 Perforations 5855 - 6102 - 20 holes Depth Casing Shoe 6172

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	203	170 sx Class 'B'
7-7/8	4-1/2	6200	175 sx Class 'H'
			700 sx Class 'B'
			100 sx Class '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 acceptable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1/11/82 Recov. load oil Date of Test 1/11/82 Producing Method (Flow, pump, gas lift, etc.) Flowing - Recovering load oil
 Length of Test 6 hrs. Tubing Pressure 23 PSIG Casing Pressure 500 PSIG Choke Size 3/4"
 Actual Prod. During Test Oil - Bbls. 480 Bbls/day Water - Bbls. -0- Gas - MCF 450 MCF/Day

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (800-1000) Casing Pressure (800-1000) 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

1/12/82

(Title)

(Date)

OIL CONSERVATION COMMISSION

JAN 13 1982

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____

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 dev. well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.

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

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