

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-85

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

Operator

Merrion Oil & Gas Corporation

Address

P. O. Box 1017, Farmington, New Mexico 87401

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Fiked Com	Well No. 1	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter M	: 990	Feet From The FSL	Line and 980	Feet From The FWL
Line of Section 27	Township 25N	Range 6W	NMPM, Rio Arriba County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27	Twp. 25N	Pge. 6W
				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:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res't.	Diff.
Date Spudded 3/25/82	Date Compl. Ready to Prod. 4/22/82	Total Depth 5920' KB	P.B.T.D. 5887' KB					
Elevations (DF, RKB, RT, CR, etc.) 6350' GL 6363' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5305' KB	Tubing Depth 5530' KB					
Perforations 5724 - 5871' KB	5551 - 5661' KB	24 Holes	40 holes	.340"	Depth Casing Shoe 5939' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"	217' KB			175 sx			
7-7/8"	4-1/2"	5939' KB			225 sx Class H 2%D-2			
					675 sx Class B 2%D-7			
					100 sx Class H 2%D-2			

VI. 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 4/22/82	Date of Test 4/24/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50 PSIG	Casing Pressure 300 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 100 Bbls/D	Water - Bbls. -0-	Gas - MCF 260 MCF/D

GAS WELL

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

VI. 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)

4/25/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED

APR 27 1982

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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 de
well, this form must be accompanied by a tabulation of the de
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
well name or number, or transporter, or other such change of co