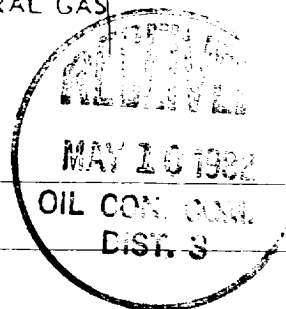


SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	First delivery of gas.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Fikes Com	Well No. 1	Pool Name, including Formation Devils Fork Gallup <i>Ext.</i>	Kind of Lease State, Federal or Fee Fee
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>FSL</u> Line and <u>980</u> Feet From The <u>FWL</u> Line of Section <u>27</u> Township <u>25N</u> Range <u>6W</u> , 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					
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					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27	Twp. 25N	Rge. 6W	Is gas actually connected? Yes	When 5/5/82

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'y.	Dis
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations <u>5305-5871</u>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/22/82	Date of Test 5/6/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 80 PSIG	Casing Pressure 240 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 85 Bbls/D	Water-Bbls. -0-	Gas-MCF 552 MCF/D

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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)

Operations Manager

5/6/82

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAY 10 1982

APPROVED

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

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

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