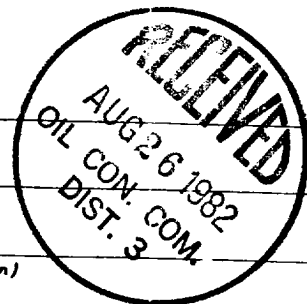


NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-83

SANTA FE		
FILE		
U.S.G.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 <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <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. 2	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. 08013
Location Unit Letter <u>F</u> : <u>2110</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba				

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 Company	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 <u>F</u> Sec. <u>27</u> Twp. <u>25N</u> Rge. <u>6W</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. R
Date Spudded 7/7/82	Date Compl. Ready to Prod. 8/25/82	Total Depth 6330' KB	P.B.T.D. 6285' KB					
Elevations (DF, RKB, RT, CR, etc.) 6366' KB 6353' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5561' KB	Tubing Depth 5066' KB					
Perforations 6021 - 6147' KB 19 holes, 5880 - 5915' KB 25 holes, 5701 - 5659' KB 25 holes			Depth Casing Shoe 6330' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 203' KB	SACKS CEMENT 170 sx					
7-7/8"	4-1/2"	6330' KB	300 sx Class H					
	2 3/8	5554	700 sx Class B					
			100 sx Class H					

V. 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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/23/82	Date of Test 8/24/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 18 hours	Tubing Pressure 50 PSIG	Casing Pressure 250 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. est. 24 hr. 197 Bbl/D	Water-Bbls. Frac Water est. 24 hr. 20 Bbl	Gas-MCF est. 250 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)

Steve S. Dunn, Operations Manager
(Title)

8/25/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 26 1982 , 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 deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all 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.