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

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

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

3072 IN
11-7-83

Operator
Merrion Oil & Gas Corporation

Address
P. O. Box 1017, Farmington, New Mexico 87499

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 Warren G Com 26 | Well No. 2 | Pool Name, Including Formation Devils Fork Gallup | Kind of Lease State, Federal or Fee Federal SF | Lease No. 079139 |
| Location Unit Letter <u>F</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>1680</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba Count | | | | |

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 87499 | | | | | |
| 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 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 26 | Twp. 25N | Rge. 6W | Is gas actually connected? No | When 9-30-83 As soon as possible |

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 XX | Gas Well | New Well XX | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res. |
| Date Spudded 6/13/83 | Date Compl. Ready to Prod. 7/30/83 | Total Depth 6524' KB | P.B.T.D. 6465' KB | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 6798' KB, 6785' GL | Name of Producing Formation Gallup | Top Oil/Gas Pay 6058' KB | Tubing Depth 6065' KB | | | | | |
| Perforations 6058, 6068, 6084, 6114, 6124, 6147, 6150, 6152, 6170, 6255, 6267, 6285, 6310, 6376, 6388, 6398, 6400, 6402, 6412, 6413, 6416, 1 ea. 21 holes | | | Depth Casing Shoe 6502' KB | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12-1/4" | CASING & TUBING SIZE 8-5/8" | DEPTH SET 212' KB | SACKS CEMENT 170 sx (350.2 cu. ft.) | | | | | |
| 7-7/8" | 4-1/2" | 6502' KB | 225 sx (275 cu. ft.) | | | | | |
| | | | 700 sx (1442 cu. ft.) | | | | | |
| | 2-3/8" | 6065' KB | 100 sx (122 cu. ft.) | | | | | |

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 top oil able for this depth or be for full 24 hours)

| | | | |
|--|-------------------------|--|--------------------|
| Date First New Oil Run To Tanks 8/26/83 | Date of Test 8/30/83 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hour | Tubing Pressure 100 | Casing Pressure 350 | Choke Size 1/4" |
| Actual Prod. During Test | Oil - Bbls. 23 | Water - Bbls. -0- | Gas - MCF 113 |

GAS WELL

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

Steve S. Dunn, Operations Manager
8/31/83

RECEIVED
SEP 1 1983
OIL CON. DIV.

OIL CONSERVATION COMMISSION
APPROVED 9-13-83
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit
Form C-104 must be filed for each pool in mul