

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87499

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salazar G 27 Well No. 2 Pool Name, including Formation Devils Fork Gallup Kind of Lease Federal Lease No. SF 0801
Location
Unit Letter A : 970 Feet From The North Line and 970 Feet From The East
Line of Section 27 Township 25N Range 6W, NMPM, Rio Arriba County

III. 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 P. O. Box 1702, Farmington, New Mexico 87499
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 Co. P. O. Box 4490, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit A Sec. 27 Twp. 25N Rge. 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:

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well XX Gas Well New Well XX Workover Deepen Plug Back Same Resrv. Diff. Re.
Date Spudded 1/18/84 Date Compl. Ready to Prod. 2/19/84 Total Depth 6440' KB P.B.T.D. 6397' KB
Elevations (DF, RKB, RT, GR, etc.) 6736' KB, 6723' GL Name of Producing Formation Gallup Top Oil/Gas Pay 5988' KB Tubing Depth 6377' KB
Perforations 5988, 5997, 6008, 6010, 6028, 6037, 6076, 6078, 6080, 6095, 6166, 6170, 6192, 6194, 6210, 6260, 6323, 6328, 6332, 6343, 6347, 21 holes. Depth Casing Shoe 6440' KB
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 315' KB 200 sx Class B (412 cu
7-7/8" 4-1/2" 6440' KB 225 sx (274.5cu. ft.) H
2-3/8" 6377' KB 700 sx (1414 cu. ft.) B
100 sx (122 cu. ft.) 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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/22/84 Date of Test 4/23/84 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hour Tubing Pressure 100 Casing Pressure 100 Choke Size 3/4"
Actual Prod. During Test Oil-Bbls. 7 Water-Bbls. -0- Gas-MCF 45

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 24 1984

BY Original Signed by FRANK L. CHAVEZ

TITLE SUPERVISOR DISTRICT # 2

This form is to be filled 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 allowable on new and recompleted wells.

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