Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. dox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERRION OIL & GAS CORPORATION 30-045-05240 Address Box 840, Farmington, New Mexico Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective 6/16/93 Dry Gat Recompletion Oil General altertie Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator ER Potrolement II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. Brannon Federal SUKe, FederalXXXXXX Basin Dakota SF-078309 Location 790 Feet From The North D Unit Letter Feet From The West Line 29 Township 25N 9W Range . NMPM. San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Anthorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) J P. O. Box 4289, Farmington, NM 87499 Meridian Oil Company Name of Authorized Transporter of Casinglead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas X El Paso Natural Gas Company P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, give location of tanks. Twp Unit Sec. When 7 is gas actually connected? 25N D | 29 9W Yes 11/17/65 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Flug Back Same Res'v hilf Res'v Designate Type of Completion - (X) l'otal Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Dil/Cas Pay lubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 heart Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Length of Test lubing Pressure Casing Pressure JUL1 9 1993 Actual Prod. During Test Oil - Bbls. Water - Bbls OIL CON. DI GAS WELL DIST. 3 Actual Prod. Test - MC17D Length of Test Bbls. Condensate/MMCF Gravity of Condensate lesting Method (pitot, back pr.) Tubing Pressure (Shut in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. JUL 1 9 1993 Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505)

Signature

Date

Printed Name

Esther J.

7-16-93

Greyeyes

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Ву

Title.

ょ〉

SUPERVISOR DISTRICT #3

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Operations Tech

Telephone No.

Title 327-9801

4) Separate Form C-104 must be filed for each pool in multiply completed wells.