Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FIRT RIC LILL RATE ARES AND STRIP			Mexico 87504-2088	
1.	TOTI	TANSPORT	SEAND NATURAL BLAG	111 <b>6</b> 14
Operator  MERRION OIL & GAS CORPORATION				Well API No.
Address				
P. O. BOX 840, FARMING	TON, NEW MI	EXICO 8749	9	
Reason(s) for Filing (Check proper box) New Well	Change	in Transporter of:	Other (Please explain)	
Recompletion		X Dry Gas	7Effecti	ve 3/1/90
Change in Operator	Casinghead Gas	Condensate [	]	
If change of operator give name and address of previous operator	··			
II. DESCRIPTION OF WELL	AND LEASE			
Lease Name	Well N	1	=	Kind of Lease No.
Keeling Location		Dufers P	oint Gallup-Dakota	State Federal of Fee SF-078474
Unit LetterB	:99	O Feet From The	North Line and 1750	Feet From The East Line
Section 20 Township	25N	Range 8W	, NMI'M,	San Juan County
III. DESIGNATION OF TRAN	SPORTER OF	OH, AND NAT	THRAL GAS	
Name of Authorized Transporter of Oil		densate [-]		approved copy of this form is to be sent)
Meridian Oil, Inc.				rmington, New Mexico 87499
The or Madionized Transporter of Cashing	)/ead Oas	or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec.		ge. Is gas actually connected?	When ?
If this production is commingled with that (	B 20	25N 8W		
IV. COMPLETION DATA	tom any odici icase	or poor, give contin	inging older humber.	
Designate Type of Completion	- (X)	/ell   Gas Well	New Well   Workover	Deepen   Plug Back   Same Res'v   Diff Res'v
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	
				r o.t.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas I'ay	Lubing Depth
Perforations	L			Depth Casing Shoe
HOLE SIZE		G, CASING AN TUBING SIZE	D CEMENTING RECORD	
THOUSE OFF	UNSING &	TOBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES				- <del> </del>
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	une of load oil and n		able for this depth or be for full 24 hows.)
	Date of Test		Producing Method (Flow, puny	o, gas iyi, eic.)
Length of Test	Tubing Pressure		Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls,		Water - Bbls.	Cas Maria
			12011	<u>U</u>
GAS WELL			The state of the s	FEB2 8 1990
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	OIL CON. DIV.
Testing Method (pitot, back pr.)	Tubing Pressure (Shut in)		Casing Pressure (Shut in)	Choke SizDIST, 3
VI. OPERATOR CERTIFIC			OIL COM	SERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL COINC	
is true and complete to the best of my knowledge and belief.			Date Approved	FEB 2 8 1990
Shim I have				۸ .
Signature	The state of the s	·······		Zur) Chang
Steven S. Dunn Operations Manager Printed Name Title			<u> </u>	SUPERVISOR DISTRICT #3
2-26-90 Date		327-9801	Title	· · · · · · · · · · · · · · · · · · ·

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.