1 (Acctng)
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	1	OTRA	NSP(ORT OI	AND NAT	URAL GA	<u>IS</u>				
perator							Well A	PI No. 045-25420			
Merrion Oil & Gas Corporation						30-043-23420					
Address P. O. Box 840, Farming	ton. Ne	w Mexi	lco	87499							
Reason(s) for Filing (Check proper box)					Othe	s (Please expla	in)	***			
New Well		Change in	-			Effectiv	ve 1-1-0	12			
Recompletion [X]	Oil		Dry Ga			BILECTI	ve 1-1-9				
	Casinghead		Conde				<u> </u>				
change of operator give name address of previous operator Bran	non Oil	. & Gas	, Ir	ic., 22	40A Fore	st Park I	Blvd, Ft	. Worth	, TX 76	110	
I. DESCRIPTION OF WELL A	AND LEA	SE									
Lease Name	ling Formation				nd of Lease No. Mr. Federal or: 1968 S.F. = 0.7.8.3.0.9						
Federal 28	al 28 2 Basin Dak					ta sauc,			Federal arxives SF-078309		
Location											
Unit LetterE	: 185	0	Feet F	rom The _	North Lim	and790) Fe	et From The.	West	Line	
Section 28 Township	25N	<u> </u>	Range	9W	, N!	MPM,	San Ju	an		County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ID NATU	JRAL GAS						
Name of Authorized Transporter of Oil		or Conden	sale	[X]					orm is to be see		
Giant Refining Company	P. O. Box 846, Farmington, New Mexico 87499										
Hame of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, New Mexico 87499						
If well produces oil or liquids,	. 			. Is gas actuall		When	 				
ive location of tanks.	E	28	251		Yes	,		ne, 198	3		
f this production is commingled with that f	rom any oth	er lease or	pool, gi	ve commin	gling order num	ber:					
V. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	\	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to		o Prod.		Total Depth	Total Depth		P.B.T.D.	J		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					.1	L			Depth Casing Shoe		
								Depar Cas	ing Griot		
	1	UBING.	. CAS	ING ANI	CEMENTI	NG RECOR	RD	<u>'</u>			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	 				<u>- </u>						
	 							·			
V. TEST DATA AND REQUES	T FOR A	WALL	ARIE			· · · · · · · · · · · · · · · · · · ·	···	J			
OIL WELL (Test must be after r					Si be equal to o	r exceed ton all	lowable for th	is dënth ar he	Car full 24 hou	re l	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, p			JON JULI 24 1100	5. 5	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·									
Length of Test	Tubing Pre	sture			Casing Press	rre		Chole Size			
Actual Prod. During Test	Oil - Bbls.				Water Div	Water - Bbis.			Gai-MCF JAN 2 1 1992		
					Maret - Role				Gas-MCF JAN & I 1332		
GAS WELL	L	· · · · · · · · · · · · · · · · · · ·			1.			1-0	4CD 11	-	
Actual Prod. Test - MCIVD	Length of	Test					·		DIST.		
		. •••		1	Bbls. Conder	IBIE/MMCF		Gravity of	Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COLAT	N TAI	VCD	-\r <u></u>			<u></u>			
I hereby certify that the rules and regula	ntions of the Little Of.			NCB	1 6		ICEDV	ATION	DIVISIO	 .	
DIVISION BAVE DECK COmplied with and	that the info	rmalica eiv	en abov	re	- ∦		NOLITY!	MIION	DIAIZIC	M	
is true and complete to the best of my I	inotyledge as	ad belief.			Date	Annrau		AN 2 1	19 92		
Pather O The					Dale	Date Approved JAN 2 1 1992					
Signature The Media					By_	By Stanker. Lane					
Esther J. Greyeyes	Op	rat 101	ns Te	ech	^{Dy} -			~~ 7	}		
Printed Name Title 1/17/92 (505) 327-9801					Title	Title SUPERVISOR DISTRICT # 3					
Date	(5										
		1 Cl	ephone	140"	LD						

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