

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Merrion Oil & Gas Corporation

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

RECEIVED  
MAY 31 1984  
OIL CON. DIV.  
DIST. 3

DESCRIPTION OF WELL AND LEASE

Lease Name SOB Federal	Well No. 1	Pool Name, including Formation Dufers Point Gallup Dakota	Kind of Lease State, Federal or Fee Federal NM	Lease No. 47169
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>25N</u> Range <u>8W</u> , NMPM, San Juan Co. County				

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 type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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, give location of tanks.	Unit E	Sec. 8	Twp. 25N	Rge. 8W	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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <del>3/3/84</del> 3-30-84	Date Compl. Ready to Prod. <del>4/18/84</del> 5-17-84	Total Depth 6671' KB	P.B.T.D. 6620' KB					
Elevations (DF, RKB, RT, GR, etc.) 6441' GL, 6453' KB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 4631' KB	Tubing Depth 5590' KB					
Perforations 6580 - 6590' 6372-6404	4631, 4646, 4655, 4657, 5519,	Depth Casing Shoe 5530, 5537, 5564, 5632, 5643, 5653, 5729, 5760, 5791, 5802, 5806, 5835, 5891, 6662' KB						
TUBING, CASING, AND CEMENTING RECORD 5903, 5974' KB, 21 holes								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 204' KB	SACKS CEMENT 200 sx (412 cu. ft.) B					
7-7/8"	4-1/2"	6662' KB	400 sx (488 cu. ft.) H					
	2 3/8	5590	900 sx (1854 cu. ft.) B					
			100 sx (122 cu. ft.) H					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/25/84	Date of Test 5/29/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 75	Casing Pressure 375	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 13	Water-Bbls. -0-	Gas-MCF 62

Gallup only - bridge plug @ 6050'.

NATURAL 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. Dunin, Operations Manager

(Title)

5/30/84

OIL CONSERVATION DIVISION

APPROVED MAY 31 1984  
BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed 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 deviation 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.