

SANTA FE
FILE
U.S.C.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
REGISTRATION OFFICE
C, COLOR

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supervisor and District
El Paso 1-1-83

MERRION OIL & GAS CORPORATION

Address
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change of Operator

If change of ~~operator~~ give name
and address of previous owner

Operator

Merrion & Bayless, Box 507, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name Morgan	Well No. 3	Pool Name, including Formation Gallegos-Gallup BASIN DAKOTA	Kind of Lease State, Federal or Free Federal SF	Lease No. 0802387
Location Unit Letter D : 990 Feet From The North Line and 300 Feet From The West Line of Section 31 Township 27N Range 12W, NMPM, San Juan Cour				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Oil Company	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31	Twp. 27	Range 12	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, F.A.B., RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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
Commission 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
(Title)

1/6/82

OIL CONSERVATION COMMISSION

APPROVED Jan 4 1982, 19

Original Signed by FRANK T. CHAVEZ

BY
SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of c
well or recompletion or any other such change of cond