

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-85

Operator
MERRION OIL & GAS CORPORATION
Address
P. O. Box 1017, Farmington, New Mexico 87401
Person(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of Operator
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Operator
If change of ~~operator~~ give name and address of previous owner J. Gregory Merrion & Robert L. Bayless, Box 1541, Farmington

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Da-On-Pah</u>	<u>1</u>	<u>South Gallegos Fruitland</u>	<u>Navajo</u>	<u>NOO-C-</u>
Location			State, Federal or Fee <u>Allotted</u> <u>14-20-747</u>	
Unit Letter <u>H</u>	<u>1900</u>	Feet From The <u>North</u> Line and <u>1050</u>	Feet From The <u>East</u>	
Line of Section <u>35</u>	Township <u>27N</u>	Range <u>12W</u>	<u>NMPM</u>	<u>San Juan</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Company</u>	<u>Box 990, Farmington, New Mexico 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u></u>	<u></u>
	Twp.	Rge.
	<u></u>	<u></u>
Is gas actually connected?	When	
<u>Yes</u>	<u>April, 1980</u>	

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	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

VI. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

II. 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.

J. Gregory Merrion
(Signature)
J. GREGORY MERRION, President
(Title)
10/21/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED 007, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE 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 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.