

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

30751N  
Sept. Dec  
1984

Operator  
Merrion Oil & Gas Corporation

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

RECEIVED  
OCT 16 1984  
OIL CONSERVATION COMMISSION

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Dugatomi	Well No.	1	Pool Name, including Formation	Gallegos Gallup Ext.	Kind of Lease	State, Federal or Fee	Lease No.	Federal NM 37913
Location	Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u>								
Line of Section	28	Township	27N	Range	13W	NMPM	San Juan	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"/>	Negotiating	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 <u>A</u> Sec. <u>28</u> Twp. <u>27N</u> Rge. <u>13W</u>	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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Re <input type="checkbox"/>					
Date Spudded	8/9/84	Date Compl. Ready to Prod.	<del>8-13-84</del> 10-6-84	Total Depth	5345' KB	R.B.T.D.	5302' KB
Elevations (DF, RKB, RT, GR, etc.)	6089' KB, 6076' GL	Name of Producing Formation	Gallup	Top Oil/Gas Pay	5194' KB	Tubing Depth	5196' KB
Perforations	5194 - 5210, 5215 - 5238, 1 PF, 39 holes				Depth Casing Shoe	5343' KB	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	213' KB	170 sx (350.2 cu. ft.)
7-7/8"	4-1/2"	5343' KB	225 sx (274.5 cu. ft.)
			700 sx (1442 cu. ft.)
	2-3/8"	5196' KB	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 of able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	10/11/84	Date of Test	10/12/84	Producing Method (Flow, pump, gas lift, etc.)	Producing Flowing
Length of Test	24 hour	Tubing Pressure	0	Casing Pressure	350
Actual Prod. During Test		Oil-Bbls.	92	Water-Bbls.	trace
				Choke Size	3/4"
				Gas-MCF	40°

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)

10/15/84

OIL CONSERVATION COMMISSION

OCT 16 1984

APPROVED \_\_\_\_\_, 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of own