

|                  |     |  |
|------------------|-----|--|
| 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, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of operator  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Operator  
If change of ~~XXXXXX~~ give name and address of previous owner J. Gregory Merrion & Robert L. Bayless P.O. Box 507 Farmington, NM

I. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |              |
|--|---------------|---|--|--------------|
| Lease Name<br>Karl Hudson  | Well No.<br>1 | Pool Name, Including Formation<br>Flora Vista Mesaverde | Kind of Lease<br>State, Federal or Fee | Lease<br>FEE |
| Location<br>Unit Letter D : 990 Feet From The North Line and 790 Feet From The West<br>Line of Section 26 Township 30W Range 12W, NMPM, San Juan Cou |               |   |  |              |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |      |      |      |   |
|---|--|------|------|------|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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   | Sec. | Twp. | Fge. | Is gas actually connected? When<br>yes - but was disconnected on 11-04-81 |

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'v. | Diff. R |
| 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      |           |             |         |
|                                      |                             |          |                 |          |                   |           |             |         |
|                                      |                             |          |                 |          |                   |           |             |         |
|                                      |                             |          |                 |          |                   |           |             |         |

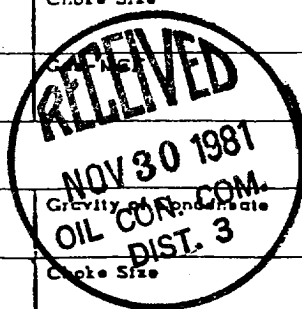
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top 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                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |            |

GAS WELL

|                                  |                           |                           |            |
|----------------------------------|---------------------------|---------------------------|------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     |            |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |



VI. 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.

(Signature)  
J. GREGORY MERRION, PRESIDENT  
(Title)

November 16, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 30 1981, 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond