

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-10
Effective 1-1-83

Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87401

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

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 126	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal SF 0788
Location Unit Letter <u>O</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipe Line, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1887, Bloomfield, N. Mex. 87410		
Name of Authorized Transporter of Casinghead Gas <input checked="" 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) Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 8	Twp. 24N
			Rge. 6W
	Is gas actually connected? Yes		When May, 1963

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.	Dis
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 1 bbl. for this depth or be for full 24 hours)

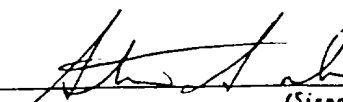
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Grav. of Oil
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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)
Steve S. Dunn, Operations Manager
(Title)
2/25/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 30 1982**, 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 drilled well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for use on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1017, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FSL and 1850' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

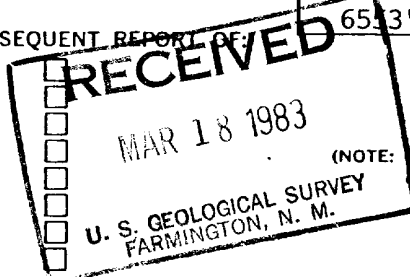
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Plat ☐

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
SF 078877

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Canyon Largo Unit

9. WELL NO.
126

10. FIELD OR WILDCAT NAME
Devils Fork Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 9, T24N, R36W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
653'

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Attached is a plat showing 160 dedicated acres instead of 80.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Operations Manager DATE 3/15/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 22 1983

*See Instructions on Reverse Side

FARMINGTON

NMOCC

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

REVISED 8/78

SECTION A.

Date **April 25, 1963**

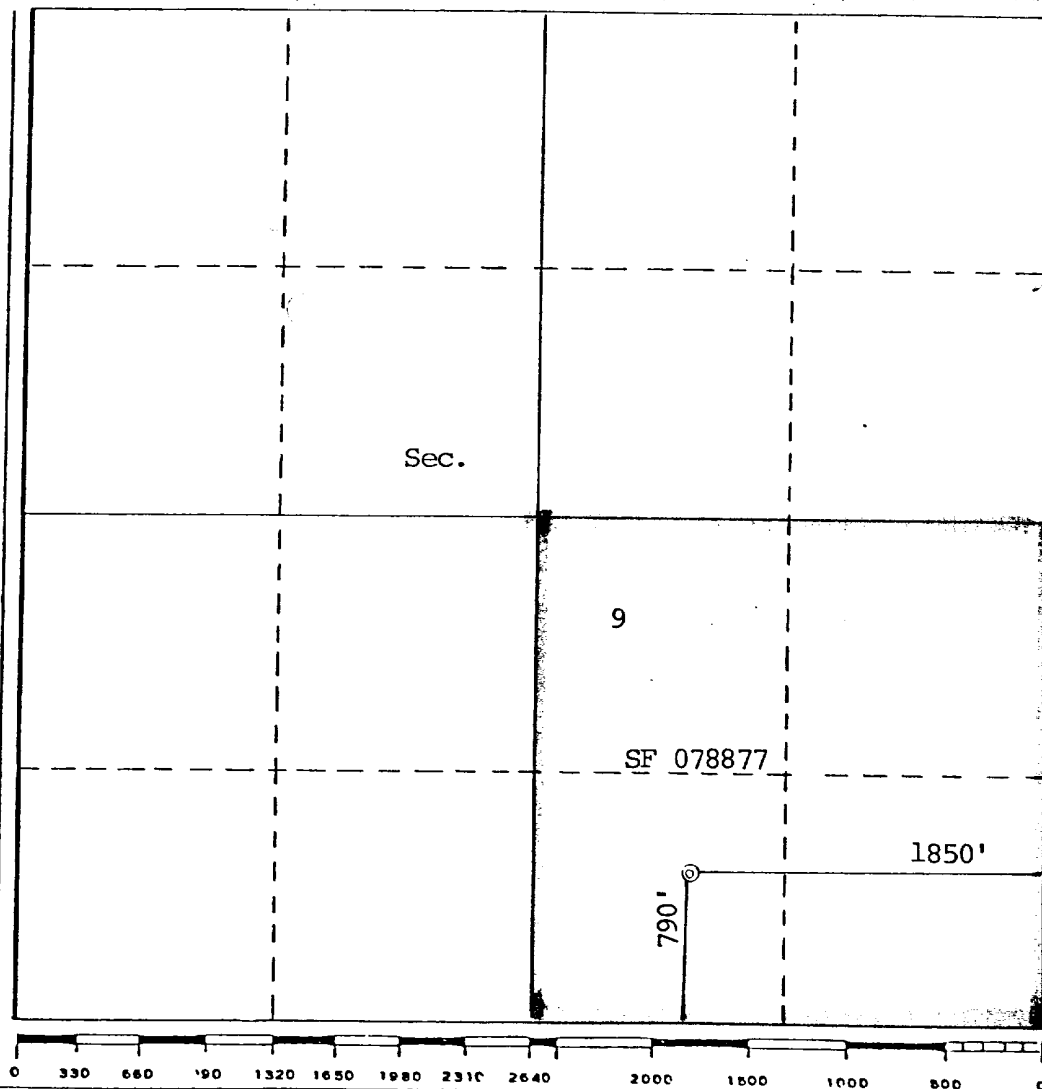
Operator **Merrion Oil & Gas Corporation** Lease **Canyon Largo Unit** SF-078877
Well No. **126** Unit Letter **O** Section **9** Township **24 North** Range **6 West** NMP
Located **790** Feet From **South** Line, **1850** Feet From **East** Line
County **Rio Arriba** G. L. Elevation **6542** Dedicated Acreage **160** Acr
Name of Producing Formation **Gallup** Pool **Devils Fork Gallup** Assoc.

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below? Yes **X** No
2. If the answer to question One is "No," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes No If answer is "Yes," Type of Consolidation
3. If the answer to question Two is "No," list all the owners and their respective interests below:

OWNER

LAND DESCRIPTION

SECTION B.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **Steve S. Dunn**
Position **Operations Manager**
Company **Merrion Oil & Gas Corp.**
Date **3/15/83**

This is to certify that the well location shown on the plat in Section 9 was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed **March 13, 1963**
Four States Engineering Co.
FARMINGTON, NEW MEXICO

REGISTERED ENGINEER OR
LAND SURVEYOR

Certificate No. **3602**