

FILE		
U.S.C.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-10
Effective 1-1-65

Operator
Merrion Oil & Gas Corporation
Address
Post Office Box 1017, Farmington, New Mexico 87499

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

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Canyon Largo Unit	127	Devils Fork Gallup	State, Federal or Fee	Federal SF07887
Location				
Unit Letter	E	1750 Feet From The	North Line and	890 Feet From The
Line of Section	8	Township	24N	Range 6W, NMPM, Rio Arriba

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)					
Giant Refining Company	Post Office Box 256, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Post Office Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	8	24N	6W	Yes	5/63

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't. ☐	Drill ☐
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 initial volume of load oil and must be equal to or exceedable 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. NOV-01-1984	Gas - MCF

GAS WELL

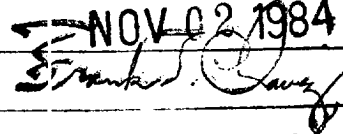
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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)
Operations Manager
(Title)

OIL CONSERVATION COMMISSION

APPROVED  NOV 02 1984, 19
BY
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely (able on new and recompleted wells).