

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 1-1-63

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

Operator
Merrion Oil & Gas Corporation

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------|---------------------------------------------------|---------------------|
| Lease Name Canyon Largo Unit | Well No. 128 | Pool Name, Including Formation Devils Fork Gallup | Kind of Lease State, Federal or Fee Federal SF | Lease No. 078874 |
| Location Unit Letter M : 840 Feet From The South Line and 840 Feet From The West Line of Section 6 Township 24N Range 6W , NMPM, Rio Arriba Count | | | | |

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. 87413 |
| 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 Mex. 87401 |
| If well produces oil or liquids, give location of tanks. | Unit P Sec. 8 Twp. 24N Pgs. 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 XX | Gas Well | New Well | Workover XX | Deepen | Plug Back | Same Res'v. | Diff. Res. |
| Date Spudded 5/23/83 | Date Compl. Ready to Prod. 2/10/83 | Total Depth 5885' KB | P.B.T.D. 5764' KB | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6702' GL | Name of Producing Formation Gallup | Top Oil/Gas Pay 5634' KB | Tubing Depth 5578' KB | | | | | |
| Perforations 5634 - 5729' KB, 18 holes 5441 | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | 8-5/8" | 176' | 150 |
| | 4-1/2" | 5884' | 250 SX. |
| | 2-3/8" | 5578' | |

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 all able for this depth or be for full 24 hours)

| | | | |
|--------------------------------------------|---------------------------|----------------------------------------------------------|--------------------|
| Date First New Oil Run To Tanks 2/10/83 | Date of Test 2/10/83 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hour | Tubing Pressure 30 PSI | Casing Pressure 300 PSI | Choke Size 3/4" |
| Actual Prod. During Test | Oil-Bbls. 40 | Water-Bbls. -0- | Gas-MCF 48 |

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

2/10/83

(Date)

OIL CONSERVATION COMMISSION

FEB 14 1983

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 deepen 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 allowable on new and recompleted wells.

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