SANTAFE	REQUEST	FOR ALLOWABLE	Superiedes Old C-104 a
FILE U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	Ellective [-]-65
LAND OFFICE	- Nothing Park	AND ON TOIL AND NATURAL	. GAS
TRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE			
Merrion Oil & Gas Cor	poration		
	Farmington, New Mexico 87	7499	:
Reason(s) for liling (Check proper t		Other (Please explain)	1
New Well Recompletion	Change in Transporter alt Oth XX Dry G	. [7]	
Change in Ownership		ensate .	
If change of ownership give name and address of previous owner	•		
DESCRIPTION OF WELL AN	D LEASE	Formation Kind of Le	
Canyon Largo Unit	298 Devils Fork Ga		L-00 vial or F-• Federal SF078874
Location Unit Letter A	790 Feet From The North LL	ne and 790 Feet From	Fact
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The East
Line of Section 3	Township 24N Range	6W , NMPM, Rio A	rriba c.
	RTER OF OIL AND NATURAL GA		
CONOCO, INC. Surface	1	Address (Give oddress to which app 555 17th Street, 9th Fl	
Name of Authorized Transporter of C	Casinghead Gas X or Diy Gas	Address (Give address to which app	roved copy of this form is to be sent
El Paso Natural Ga Comp	pany Sec. Twp. Pge.	Post Office Box 990, F	armington, New Mexico
If well produces all or liquids, give location of tanks.	A 3 24N 6W	1	4/81
If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	tion - (X)	New Well Workover Despen	Plug Back Same Res'v. Dill.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	j Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations		en e	Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		*** **********************************	
The second secon		Section with the section of the sect	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of social volume of load a	il and must be equal to ar exceed to
OIL, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Low pump, as	lift, att.)
Length of Test	Tubing Pressure	Cosing Pressure SEV SE	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	.Gae - MCF
		1.3.3.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravily of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED NO	V 02 4984
		Sa /	TO
above is true and complete to t	he best of my knowledge and belief.	BY	· Sangar
4 4		TITLE SUPERVISOR	CASTRICT # 3
		11	n compliance with MULE 1104.
Thursday of the state of the st		If this is a request for all well this form must be accom-	owable for a newly drilled or depended by a tabulation of the de
OPERATIONS MANAGER		less taken on the well in acc	ordence with AULE 111.
(1	(ile)	All sections of this form table on new and recompleted	nust be filled out completely for wells.
Octobe:	r 30, 1984	II	11 THE LOAD OF CANADAN AND

STATE OF NEW MEXICO EMERGY AND MINERALS DEPARTMENT

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D(61 P # U11)				
TAMENTE				
PILE				
V * O *.				
LAND OFF #				
TORNERSONTER	OIL	l		
	OAL	1		
COMPAND ON				
PACHATO 4 OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C 104 Revised Ir 01.78 Format 00 0183 Page 1

AU	AI	AND SPORT OIL AND NATURAL GAS
M. Fou Oil & Gas Corporat	1(3))	
F. G. Pox 840, Farmington		19
Personis for filing (Check proper box)	75	Other (Please explain) MATE 1 1845 Condensate
If change of ownership give name and address of previous owner		
Canyon Largo Unit 2	E II No. Fool Name, Including F 198 Devils Fork C	Gallup State, Federal or Fee Federal SF 0788
Unit Letter 3 Township	24N Range	6W , NMPM, Rio Arriba County
HI. DESIGNATION OF TRANSPORTER Forme of Authorized Transporter of Oil [X] The Mancos Corporation Home of Authorized Transporter of Cosinched El Fago Natural Gas Co. If well preferee oil or liquids, a give location of tanks.	or Condensate	P. O. Box 1320. Farmington, New Mexico 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289. Farmington, New Mexico 87499 Is gas actually connected? When
If this production is commingled with that for NOTE: Complete Parts IV and V on recover. VI. CERTIFICATE OF COMPLIANCE	erse side if necessary.	OIL CONSERVATION DIVISION
Thereby certify that the rules and tegulations of the been complied with and that the information given is my knowledge and belief.	Oil Conservation Division have true and complete to the best of	BY
(Signatur) (Stepatur) (Stepatur) (Pite) (Pite)		TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with MULE 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 deviat tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only factions I, II, III, and VI for there are of own well name or number, or transporter, or other such change of conditions are presented wells.