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| | GAS |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

| | |
|--|---|
| Operator J. Gregory Merrion & Robert L. Bayless | |
| Address P.O.Box 507, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" 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 type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |
| If change of ownership give name and address of previous owner | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|---|---|-------------------------------|
| Lease Name Canyon Largo Unit | Well No. 299 | Pool Name, including Formation Devils Fork Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. SF-078874 |
| Location | | | | |
| Unit Letter 0 ; 990 Feet From The South Line and 1840 Feet From The East | | | | |
| Line of Section 4 Township 24N Range 6W , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001 | |
| 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) P.O. Box 1492, El Paso, TX 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 4 |
| | Twp. 24N | Rge. 6W |
| | Is gas actually connected? No When | |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-7-80 | Date Compl. Ready to Prod. 2-22-81 | Total Depth 5700 | | P.B.T.D. 5637 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6436 GL, 6449 KB | Name of Producing Formation Gallup | Top Oil/Gas Pay 5420 | | Tubing Depth 5604 | | | | | |
| Perforations 5420, 5422, 5424, 5464, 5467, 5479, 5481, 5602, 5604, 5606, 5608, 5622 | | Depth Casing Shoe 5681 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | | |
| 12-1/4 | 8-5/8 | 184 | | 160sx | | | | | |
| 7-7/8 | 4-1/2 | 5681 | | 825 sx | | | | | |
| | 2-3/8 | 5604 | | -- | | | | | |

VI. 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 allowable for this depth or be for full 24 hours)

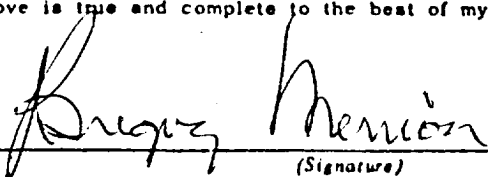
| | | | |
|---|--------------------------------|--|--------------------------|
| Date First New Oil Run To Tanks 2-22-81 | Date of Test 2-23-81 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 | Tubing Pressure 30 | Casing Pressure 220 | Choke Size 3/4 |
| Actual Prod. During Test | Oil - Bbls. 71 | Water - Bbls. 0 | Gas - MCF 279 |

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.


(Signature)

Co-Owner
(Title)

2-24-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 25 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 deepened well, this form must be accompanied by a tabulation of the deviation 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.