

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-104 and C-
Effective 1-1-85

3141R

Operator Merrion Oil & Gas Corporation	
Address P. O. Box 1017, Farmington, New Mexico 87499	
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 type="checkbox"/> Condensate <input type="checkbox"/>
First delivery of gas.	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Canyon Largo Unit	Well No. 316	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. 079071
Location				
Unit Letter N	: 840	Feet From The South	Line and 1680	Feet From The West
Line of Section 21	Township 25N	Range 6W	, NMPM, Rio Arriba County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1702, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 21	Twp. 25N	Rge. 6W	Is gas actually connected? Yes	When 11/13/82

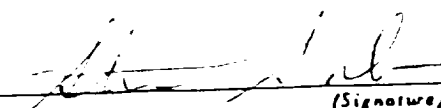
If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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

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 10/2/82	Date of Test 11/14/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 550 PSIG	Casing Pressure 600 PSIG	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 257	Water - Bbls. -0-	Gas - MCF 475

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	(Title)
11/15/82	(Date)

OIL CONSERVATION COMMISSION	
NOV 16 1982	
APPROVED	19
BY	Original Signed by CHARLES GHOLSON
TITLE	DEPUTY OIL & GAS INSPECTOR, DIST. #3
This form is to be filed in compliance with RULE 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 RULE 111.	
All sections of this form must be filled out completely for all able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit	

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