

|                  |     |  |
|------------------|-----|--|
| 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  
Effective 1-1-65

Operator

Merrion Oil &amp; Gas Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of operator and transporter

operator

If change of ~~XXXXXX~~ give name  
and address of previous owner

El Paso Natural Gas Company, P. O. Box 4289, Farmington, New Mexico

## I. DESCRIPTION OF WELL AND LEASE

|                   |          |                                |                       |         |               |
|-------------------|----------|--------------------------------|-----------------------|---------|---------------|
| Lessee Name       | Well No. | Pool Name, Including Formation | Kind of Lease         | Federal | Lea           |
| Canyon Largo Unit | 342      | Devils Fork Gallup Ext.        | State, Federal or Fee | SFD7888 |               |
| Location          |          |                                |                       |         |               |
| Unit Letter       | K        | 1775                           | Feet From The         | South   | Line and      |
|                   |          |                                |                       | 1840    | Feet From The |
|                   |          |                                |                       | West    |               |
| Line of Section   | 20       | Township                       | 25N                   | Range   | 6W            |
|                   |          |                                |                       | NMPM    | Bio Arriba    |

## 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) |      |      |      |                            |      |
| Conoco, Inc. Surface Transportation  | 555 17th Street, 9th Floor, Denver, Co. 80202                            |      |      |      |                            |      |
| 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 Company  | P. O. Box 4289, Farmington, New Mexico 87499                             |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. | Pge. | Is gas actually connected? | When |
|  | K  | 20   | 25N  | 6W   | Yes                        |      |

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         | Some Res'v. | Diff. |
| 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      |             |       |
|                                      |                             |          |                 |          |        |                   |             |       |
|                                      |                             |          |                 |          |        |                   |             |       |
|                                      |                             |          |                 |          |        |                   |             |       |

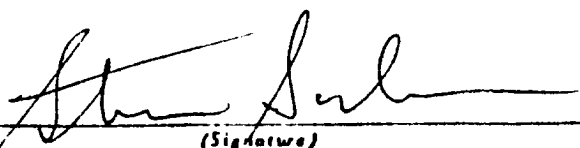
VI. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed to  
able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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.                                 | 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 (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## I. CERTIFICATE OF COMPLIANCE

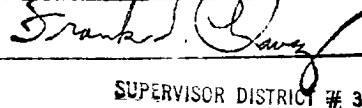
I hereby certify that the rules and regulations of the Oil Conservation  
Commission have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.Steve S. Dunn, Operations Manager  
(Title)

## OIL CONSERVATION COMMISSION

APPROVED

NOV 02 1984

BY



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 de  
well, this form must be accompanied by a tabulation of the de  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for  
able on new and recompleted wells.