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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Merrion Oil & Gas Corporation

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

RECEIVED
MAY 22 1985
OIL CON. DIV.
DIST. 3

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Canyon Largo Unit | 348 | Devils Fork Mesaverde | State, Federal or Fee Federal | [illegible]7073874 |

Location
Unit Letter L : 1880' Feet From The South Line and 950' Feet From The West

Line of Section 6 Township 24N Range 6W , NMPM, Rio Arriba County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [ ] or Condensate [X] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Conoco Inc. Surface Transporation | P. O. Box 1429, Farmington, New Mexico 87499 |
| Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | P. O. BOx 4289, Farmington, New Mexico 87499 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | L | 6 | 24N | 6W | No | As soon as possible |

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

Steve S. Dunn, Operations Manager
(Title)

5/20/85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1985, 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.

## IV. COMPLETION DATA

| Designate Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | XX | | XX | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 2/24/85 | ~~3/28/85~~ 5-15-85 | 4844' KB | 4801' KB |
| **Elevations** *(DF, RKB, RT, GR, etc.)* | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 6568' KB, 6555' GL | Mesaverde | 4437' KB | 4765' KB |
| **Perforations** 4437, 4442, 4446, 4448, 4620, 4625, 4628, 4649, 4661, 4667, 4671, 4680, 4720, 4737, 4749, 4775, 16 holes | | | **Depth Casing Shoe** 4844' KB |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12-1/4" | 8-5/8", 24 #/ft. J-55 | 225' KB | 170 sx (200.6 cu. ft.) |
| 7-7/8" | 4-1/2", 10.5 #/ft. J-55 | 4844' KB | 900 sx (1644 cu. ft.) |
| | | | |
| | 2-3/8" | 4765' KB | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

### OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method *(Flow, pump, gas lift, etc.)* | |
|---|---|---|---|
| 5/15/85 | 5/17/85 | Pumping | |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| 24 hour | 50 | 100 | 3/4 |
| **Actual Prod. During Test** | **Oil - Bbls.** | **Water - Bbls.** | **Gas - MCF** |
| | 36 | 5 | 8 |

### GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| **Testing Method** *(pitot, back pr.)* | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| | | | |