Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	, in the	TO TRAN	ISP(ORT OIL	AND NA	TURAL G	AS				
Operator									API No.		
MERRION OIL & GAS COR	PORATION										
Address P. O. Box 840, Farmin	gton, N.1	M. 8749	99								
Reason(s) for Filing (Check proper box					Oth	er (Please exp	lain)				
New Well		Change in T									
Recompletion	Oil M Dry Gas Casinghead Gas Condensate									•	
If change of operator give name	Casingilead	TOAS	Olluci	18410							
and address of previous operator		· · · · · · · · · · · · · · · · · · ·									
II. DESCRIPTION OF WEL	L AND LEA							· · · · · · · · · · · · · · · · · · ·			
Canada Harita Well No. Pool Name, Includ				•	J.,			Kind of Lease SMEXFederal MARK		Lease No. SF078874	
Canyon Largo Unit	von Largo Unit 348 Devils F					ork Mesaverde					
Unit LetterL	: 18	380 F	eet Fr	om The S	outh Lin	e and <u>960</u>) F	cet From The _	West	Line	
Section 6 Towns	ship 24N	R	lange	6W	, N	MPM, Ri	o Arrib	a		County	
HE DECLEMATION OF THE	Nenonre	o or ou	4.81	n stamit							
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condensa		D NATU		e address to w	hich approved	l copy of this fo	rm is to be se	ent)	
Meridian Oil, Inc.					P. O. Box 4289, Farmington, N.M. 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 4990, Farmington, N.M. 87499 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit [_	wp. 24N	Rgc. 6W	Is gas actuall	y connected?	When	. 8/85			
f this production is commingled with th					ing order num			. 0/03			
IV. COMPLETION DATA											
Designate Type of Completio	n - (X)	Oil Well		Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ite Compl. Ready to Prod.			Total Depth			P.B.T.D.			
***************************************					W 0.00	K					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
TUBING, CASING AND					CEMENTI			· }			
HOLE SIZE CASING & TUE			BING SIZE		DEPTH SET		<u> </u>	SACKS CEMENT			
·											
V. TEST DATA AND REQUIDED TO THE COLOR OF TH				مناحما المساعدة	he equal to or	execution all	lawahla fuz thi	a doubt or he C	S 6.71 24 hou		
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
					_						
Length of Test Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
, 100. 20B 100.	On - Bois.									e e e e e e e e e e e e e e e e e e e	
GAS WELL									-	in the second	
Actual Prod. Test - MCF/D	Length of I	est			Bbls. Conden	sate/MMCF		Gravity of Co	ondensate	<u></u>	
								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Festing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI ODED ATOD CODTICE	CATE OF	COMP	IAN	ICE	<u> </u>			<u> </u>	1 00- AND	•	
VI. OPERATOR CERTIFI I hereby certify that the rules and reg				(CL	(DIL CON	NSERV.	ATION [DIVISIO	NC	
Division have been complied with ar	id that the infor	nation given		:							
is true and complete to the best of my knowledge and belief.					Date Approved						
Attur 1 h								Γ <u>Ε</u> Β Δ (EB 27 1989		
Signature		, \			∥ By_		Tomas	$\rightarrow \mathcal{A}$			
Steven S. Du Printed Name	nn, Opera		lana itle	ger	T:41 -		SHBFDV	ISION DI	- 8 emprem	# m	
2/27/89	505-32	7-9801			Title		# 64 4947 A	TOTON DI	SIRIUT	<i>Tr</i> 9	
Date		Teleph	one N	ło.	H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.