

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
Effective 1-1-85

3047/N
4-3-85

Operator
Merrion Oil & Gas Corporation

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

RECEIVED
FEB 13 1985
OIL CONSERVATION COMMISSION

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 347	Pool Name, including Formation Devils Fork Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. 078922
Location Unit Letter <u>H</u> : <u>2645'</u> Feet From The <u>North</u> Line and <u>690</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>24N</u> Range <u>7W</u> , 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"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, New Mexico 87413
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 4289, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>1</u> Twp. <u>24N</u> Rge. <u>7W</u>	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>

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) <u>XX</u>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Drill Re <input type="checkbox"/>		
Date Spudded 9/30/84	Date Compl. Ready to Prod. 12/31/84	Total Depth 4893' KB	P.B.T.D. 4833' KB
Elevations (DF, RKB, RT, GR, etc.) 6588' KB, 6575' GL	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4382' KB	Tubing Depth 4772' KB
Perforations 4382, 4384, 4386, 4476, 4480, 4482, 4656, 4674, 4678, 4704, 4706, 4716, 4718, 4748, 4768, 4803, 17 holes, .34" diameter			Depth Casing Shoe 4873' 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	224' KB	170 sx (350.2 cu. ft.)
7-7/8"	4-1/2", 10.5 #/ft. K-55	4873' KB	900 sx (1644 cu. ft.)
	2-3/8"	4772' KB	

IV. 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 2/4/85	Date of Test 2/11/85	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hour	Tubing Pressure 100	Casing Pressure 100
Actual Prod. During Test	Oil-Bbls. 11	Water-Bbls. 24 frac water
		Choke Size NA
		Gas-MCF 10

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)
Steve S. Dunn, Operations Manager

(Title)
2/12/85

OIL CONSERVATION COMMISSION

FEB 13 1985

APPROVED _____, 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 deepen 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 allow able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own