

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain):

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OIL CON. DIV.  
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 345	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee State	Lease No. E 505-12
Location Unit Letter <u>P</u> ; <u>1060</u> Feet From The <u>South</u> Line and <u>720</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>25N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

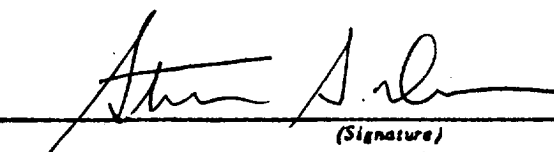
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Surface Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, New Mexico 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36
	Twp. 25N	Rge. 7W
Is gas actually connected?	No	When 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)  
3/27/85  
(Date)

OIL CONSERVATION DIVISION  
5-3-85  
APPROVED  
MAY 03 1985  
Original Signed by FRANK T. CHAVEZ  
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 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/5/85	Date Compl. Ready to Prod. 3/8/85		Total Depth 5950' KB			P.B.T.D. 5906' KB			
Elevations (DF, RKB, RT, CR, etc.) 6612' KB, 6599' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5631' KB			Tubing Depth 5639' KB			
Perforations 5631, 5636, 5646, 5654, 5661, 5685, 6700, 5706, 5730, 5732, 5734, 5736, 5738, 5832, 5834, 5855, 5857, 5859, 5861, 19 holes, 0.34"						Depth Casing Shoe 5950' KB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		215' KB		170 sx (200.6)			
7-7/8"		4-1/2"		5950' KB		1025 sx (1838.5)			
		2-3/8"		5639' 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)

Date First New Oil Run To Tanks 3/26/85	Date of Test 3/27/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 300	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 58	Water - Bbls. 0	Gas - MCF 259

#### 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