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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

MERRION OIL AND GAS CORPORATION

Address

P. O. Box 1017, Farmington, New Mexico 87401

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

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

Merrion & Bayless, Box 1541, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE

Lease Name

Canyon Largo Unit

Well No.

119

Pool Name, Including Formation

Devils Fork Gallup

Kind of Lease

State, Federal or Fee

Federal

Lease No.

SF078628

Location

Unit Letter

E

1790

Feet From The

North

Line and

890

Feet From The

West

Line of Section

15

Township

24N

Range

6W

NMPM,

Rio Arriba

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Shell Pipeline Corporation

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1588, Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.

Unit

P

Sec.

8

Twp.

24N

Rge.

6W

Is gas actually connected?

Yes

When

May, 1963

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

COMPLETION DATA

Designate Type of Completion - (X)

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

V. 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 allowable 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-Bbls.

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

VI. 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.

J. GREGORY MERRION, President

October 14, 1981

OIL CONSERVATION COMMISSION

APPROVED

OCT 15 1981

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

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

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OCT 15 1981

OIL CON. COM.

DIST. 3