STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI		1			
SANTA PE					
FILE	·				
U.B.G.B.					
LAND OFFICE					
TRAHIPORTER	OIL				
	GAB				
OPERATOR					
PROMATION OF					

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

OIL CON.
Solution Control Control

Page 1

OIL CON.

Page 1

Page

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	R ALLOWABLE Ou 2 0/987					
	ND COA					
AUTHORIZATION TO TRANSF	R ALLOWABLE OIL CON PORT OIL AND NATURAL GAS DIST					
l	UIST. 3					
Operator	· ·					
Merrion Oil & Gas Corp.						
Address	•					
	499					
Reason(s) for tiling (Check proper box)	Other (Please explain)					
New Well Change in Transporter of:						
Recompletion X Oil Dr	ry Gas					
Change in Ownership Casinghead Gas Ca	ondensate					
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease i ease No.					
Lease Name Well No. Pool Name, Including F						
Canyon Largo Unit 332 Devils For	k Gallup State, Federal or Fee Federal SF078922					
Unit Letter A : 970 Feet From The North Lin	ne and 960 Feet From The East					
Line of Section 1 Township 24N Range	7W , NMPM, Rio Arriba County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Conoco Transportation, Inc.	P. O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Quality, Sec. Twp. Rge.	1s gas actually connected? When Yes 2/84					
If this production is commingled with that from any other lease or pool,						
NOTE: Complete Parts IV and V on reverse side if necessary.						
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION					
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.	APPROVED , 19					
A Commence of the contract of	TITLESUPERVISION DISTRICT # 3					
The decimal	This form is to be filed in compliance with AULE 1104.					
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
DEC 10"1987	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
(Date)	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.					

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICTU P.O. Drawer DD, Anesia, NAI 88210

DISTRICT III 1000 Rio Urazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1.	NEG	TOTR	ANSF	ALLOW/	JIT AND NATO ARLE AND VI	JIHOR	IIZATION Sas	١		
Operior MERRION OIL & GAS CO	DDODAMIC				1271110 147110	JIIVE C		II API No.		
Address	RPORATIO	N .								
P. O. Box 840, Farmi	ngton, N	ew Mex	ico							
Reason(s) for Filing (Check proper box)				Other (Please exp	lain)			· · · · · · · · · · · · · · · · · · ·
Recompletion	Oil	Change i								
Change in Operator		ad Gas	Dry G							
If change of operator give name and address of previous operator										
	·······					····				
II. DESCRIPTION OF WELL	L AND LE		- In							
Canyon Largo Unit		Well No.			ding Formation Fork Gallup			f of Lease C Federal occents		ase No.
Location		-1	_!	CVIIS	OIR Gallup			C T COCIAI (C.C.)L.X	SF0789	22
Unit Letter A	:97	0	_ Feet Fi	rom The N	lorth Line and	d <u>96</u> 0	1	Fret From The E	ast	
Section 1 Towns	hip	24N	Range		7W NMPA		io Arri			County
III. DESIGNATION OF TRA	NSPORTE	ROFO	IL AN	D NATU	JRAL GAS					
Trank of Authorized Transporter of Oil	(X)	or Conder	sate		Address (Give ad.	Less 10 wl	hich approve	d copy of this form	ir to be sen	1)
Meridian Oil, Inc. Name of Authorized Transporter of Casi	nehead Cay	[\bar{x}]	or Diy	C (****)	P. O. Box	4289,	Farmin	gton. N M	87490	4
El Paso Natural Gas C		(_X_)	or Diy	C18 []	Vonces (Clas off	trass 10 ml	iich approve	d copy of this form	is to be sen	()
If well produces oil or liquids, give location of tanks.		Sec.	Twp.	Rge.	Is gas actually con	nected?	rarmin When	gton, N.M.	87499)
L	_ _A		24N	7W	Yes		i	2/84		
If this production is commingled with that IV. COMPLETION DATA	Trom any oth	er lease or j	lock)	e comming!	ling order number:					
		Oil Well	0	as Well	New Well Wo	orkover	Deepen	Plug Back Sai		
Designate Type of Completion		1			1		Seepen	1 1 108 Dack 231	ne Res V	Diff Res'y
one space	Date Comp	I. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oivous Pay							
Perforations				Tubing Depth						
remonanting								Depah Casing St	Oc	
	1.1.	JBING (MI2 AT	IG AND	C'EMENICINIC (PECODE				
HOLE SIZE		ING & TU			CEMENTING RECORD DEPTH SET			860	YS OCHEH	т
							SACKS CEMENT			
	-	·								
										
. TEST DATA AND REQUES	TFOR A	LOWA	BLE							
OIL WELL (Test mill be after r. Date First New Oil Run To Tank	ecovery of 1010	il voliune of	land oil	land must l	oc equal to or exceed	l top allow	able for this	depth or be for fa	ll 24 hows.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pwn	p, gas lift, et	c.)		
angth of Test	Tubing Press	ure			Casing Pressure			Choke Size		
ectual Prod. During Test	Oil - Bbls.				Water - Bbls.			M LE C		3 1111
7AS WELL	L							<i>M</i>		
ictual Prod. Test - MCF/D	Length of Te				ubls. Condensate/Mi	MOE		Gravity of Conde	7 1989	
					ova. Condensatorni			Fig. :		V.
sting Method (pitot, back pr.)	Tubing Press	rre (Shut-in)		Casing Pressure (Shi	it-in)		Choke Size		
I ODED LEOD OFFICE									····	
I. OPERATOR CERTIFICA				IE	OII (20MS	SERVA	TION DIV	10101	
Thereby certify that the rules and regular Division have been complied with and the	rat the informer	tion given:	100 1200 Ye				/ L V /~ \	TION DIV	101011	
is true and complete to the best of my knowledge and belief.			Date App	roved		FFD ON -	000			
A	X V.							FEB 27 1	did	
Signature Showers C. Duns	7/0-				Ву		3	1) d.		
Steven S. Dunn, Printed Name	operatio		ide ide					· ·	8	#
2/24/89 Date	505-	-327-98	3.2.1		Title		JUFER	VISION DIS	IRICT	7 5
One	MOTE DE LOCATION	•	one No. Steve ns	are recorded	STANCE OF THE PROPERTY OF THE	ESCENION TRANS	ESAN TIPES		Wilman	
					and the same of th		and the control of the billion of the best	THE REAL PROPERTY.	11.717.6	

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 [xxxl] in multiply completed wells.