

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-83

30971W

Operator Merrion Oil & Gas Corporation	
Address P. O. Box 1017, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 337	Pool Name, including Formation Devils Fork Gallup	Kind of Lease Federal State, Federal or Fee SF	Lease 80202 078874
Location Unit Letter <u>L</u> : <u>1630</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba				

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) 555 17th Street, 9th Floor, Denver, Colorado 80202	
Name of Authorized Transporter of Casinghead Gas <input 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>L</u>	Sec. <u>5</u>
	Twp. <u>24N</u>	Pge. <u>6W</u>
	Is gas actually connected? <u>No</u> <u>Yes</u> <u>11-12-84</u> As soon as possible	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" 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"/>	Diff. R <input type="checkbox"/>
Date Spudded 10/6/84	Date Compl. Ready to Prod. 10/30/84		Total Depth 5779' KB		P.B.T.D. 5724' KB			
Elevations (DF, RKB, RT, GR, etc.) 6524' KB, 6511' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5423' KB		Tubing Depth 5419' KB			
Perforations 5423, 5432, 5439, 5443, 5481, 5483, 5485, 5499, 5501, 5503, 5505, 5507, 5509, 5615, 5617, 5619, 5624, 5626, 18 holes, 0.34:					Depth Casing Shoe 5767' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", J-55, 24 #/ft		219' KB		170 sx (350.2 cu. ft.)			
7-7/8"	4-1/2", J-55, 10.5 #/ft		5767' KB		225 sx (274.5 cu. ft.)			
	<u>2 7/8</u>		<u>5419</u>		700 sx (1442 cu. ft.)			
					100 sx (122 cu. ft.)			

VI. 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 of well for this depth or be for full 24 hours)

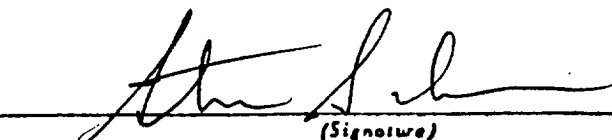
Date First New Oil Run To Tanks 10/30/84	Date of Test 11/8/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 60	Casing Pressure 400	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 15	Water-Bbls. -0-	Gas-MCF 47

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

III. 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)

11/8/84

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1984, 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 deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name of transporter or other such changes of conditions.