

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-85

305412

Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87499

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)
SEP 24 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 338	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF07887
Location Unit Letter <u>I</u> : <u>1910</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba Coun				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, New Mexico 87499	
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 4990, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>6</u>
	Twp. <u>24N</u>	Rge. <u>6W</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:

II. 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"/> Diff. Ro <input type="checkbox"/>		
Date Spudded <u>7/11/84</u>	Date Compl. Ready to Prod. <u>8/20/84</u>	Total Depth <u>5860' KB</u>	P.B.T.D. <u>5746' KB</u>
Elevations (DF, RKB, RT, GR, etc.) <u>6580' KB, 6560' GL</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>5233' KB</u>	Tubing Depth <u>5246' KB</u>
Perforations <u>5696, 5693, 5689, 5687, 5683, 5614, 5579, 5577, 5571, 5569, 5567, 5551, 5546, 5515, 5507, 5233, 1 hole ea.</u>			Depth Casing Shoe <u>5858' KB</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8" , J-55, 24 #/ft</u>	<u>220' KB</u>	<u>170 sx (350.2 cu. ft.)</u>
<u>7-7/8"</u>	<u>4-1/2" , J-55, 10.5 #/ft</u>	<u>5858' KB</u>	<u>225 sx (274.5 cu. ft.)</u>
			<u>700 sx (1442 cu. ft.)</u>
	<u>2-3/8" tubing</u>	<u>5246' KB</u>	<u>100 sx (122 cu. ft.)</u>

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 oil able for this depth or be for full 24 hours)

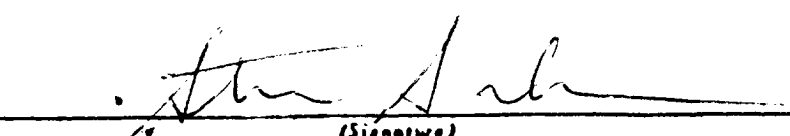
Date First New Oil Run To Tanks <u>9/20/84</u>	Date of Test <u>9/20/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>100</u>	Casing Pressure <u>100</u>	Choke Size <u>3/4</u>
Actual Prod. During Test	Oil - Bbls. <u>45</u>	Water - Bbls. <u>-0-</u>	Gas - MCF <u>65</u>

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)
9/21/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 24 1984, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep 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 well name or number, or transporter or other such change of condition.