

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Merrion Oil & Gas Corporation		
Address P. O. Box 1017, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Other (Please explain) 1st delivery of gas 6/30/84
Recompletion ☐		
Change in Ownership ☐		
If change of ownership give name and address of previous owner		

DESCRIPTION OF WELL AND LEASE				
Lease Name Canyon Largo Unit	Well No. 340	Pool Name, including Formation Devils Fork Gallup <i>Exp.</i>	Kind of Lease State, Federal or Fed Federal SF	Lease No. 078922
Location				
Unit Letter I	1850 Feet From The South Line and		990 Feet From The East	
Line of Section 1	Township 24N	Range 7W	NMPM	Rio Arriba County

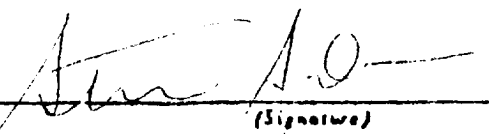
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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 I	Sec. 1	Twp. 24N	Rge. 7W	Is gas actually connected? Yes	When 6/30/84
If this production is commingled with that from any other lease or pool, give commingling order number:						

COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Res.
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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 - MCF

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

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) 7/2/84 (Date)	

OIL CONSERVATION COMMISSION JUL 03 1984	
APPROVED _____, 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 deepened well, this form must be accompanied by a tabulation of the deviate 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 own.	