

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

3096/10

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

Reason(s) for filing (Check proper box)	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
New Well <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

Other (Please explain)
RECEIVED
1st delivery 10-15-84
OCT 10 1984

If change of ownership give name
and address of previous owner

OIL CON. DIV.
DIST. 3

I. DESCRIPTION OF WELL AND LEASE

Lessee Name Canyon Largo Unit	Well No. 131R	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Free Federal SF	Lease No. 078877
Location Unit Letter <u>H</u> : <u>2070</u> Feet From The <u>North</u> Line and <u>280</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba Coun				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> El Paso Natural Gas Company <u>Unigra Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box <u>256</u> , Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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>H</u>	Sec. <u>9</u>	Twp. <u>24N</u>	Rge. <u>6W</u>
				Is gas actually connected? <u>yes</u>
				When <u>10-15-84</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <u>XX</u>	Gas Well	New Well <u>XX</u>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 9/4/84	Date Compl. Ready to Prod. 10/6/84	Total Depth 5723' KB	P.B.T.D. 5681' KB					
Elevations (DF, RKB, RT, GR, etc.) 6531' KB, 6518' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 4603' KB	Tubing Depth 5424' KB					
Perforations 5631, 5626, 5621, 5617, 5524, 5503, 5501, 5499, 5487, 5485, 5454, 5449, 4666, 4663, 5610, 4606, 4603, 18 holes, .34" diameter			Depth Casing Shoe 5723' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8, 24 #/ft, J-55	218' KB	170 sx (350.2 cu. ft.)					
7-7/8	4-1/2, 10.5 #/ft, J-55	5723' KB	225 sx (274.5 cu. ft.)					
			700 sx (1442 cu. ft.)					
	2-3/8"	5424' KB	100 sx (122 cu. ft.)					

IV. 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 10/7/84	Date of Test 10/8/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 25	Casing Pressure 200	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. trace	Gas - MCF 226

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)

10/9/84

OIL CONSERVATION COMMISSION

APPROVED OCT 10 1984, 19

BY Original Signed by FELIX T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1100.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own