

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED
APR 3 1984
OIL CON. DIV.
DIST. 3

I.

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

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|--|----------------------|
| Lease Name Canyon Largo Unit | Well No. 335 | Pool Name, including Formation Devils Fork Gallup | Kind of Lease State, Federal or Fee State | Lease No. E-291-5 |
| Location Unit Letter <u>F</u> ; <u>1620</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>25N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> Coun. | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|------------|--|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | 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"/> | 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 F | Sec. 32 | Twp. 25N | Rge. 6W |
| Is gas actually connected? | No | | When <u>4-13-84</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 XX | Gas Well | New Well XX | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| Date Spudded 3/2/84 | Date Compl. Ready to Prod. 3/27/84 | | Total Depth 6400' KB | | P.B.T.D. 6354' KB | | | |
| Elevations (DF, RKB, RT, CR, etc.) 6798' KB, 6785' GL | Name of Producing Formation Gallup | | Top Oil/Gas Pay 5928' KB | | Tubing Depth 5923' KB | | | |
| Perforations 5928, 5937, 5950, 5961, 5971, 5984, 6002, 6025, 6027, 6029, 6031, 6048, 6127, 6134, 6142, 6157, 6179, 6205, 6208, 6230, 6244, 6257. | | | | | Depth Casing Shoe 6398' KB | | | |
| TUBING, CASING, AND CEMENTING RECORD 22 holes, .34" | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 222' KB | | 175 sx (360.5) Class B | | | |
| 7-7/8" | 4-1/2" | | 6398' KB | | 225 sx (274.5) Class H | | | |
| | | | | | 700 sx (1442) Class B | | | |
| | | | | | 100 sx (122) Class H | | | |

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 allowable for this depth or be for full 24 hours)

| | | | |
|---|-------------------------------------|--|------------------------|
| Date First New Oil Run To Tanks 4/1/84 | Date of Test 4/2/84 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 14 hours | Tubing Pressure 400 PSI | Casing Pressure 900 PSI | Choke Size 22/64 |
| Actual Prod. During Test | Oil - Bbls. 354 Bbls/D (24 hour) | Water - Bbls. -0- | Gas - MCF 690 MCF/D |

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Steve S. Dunn, Operations Manager

(Title)

4/3/84

(Date)

OIL CONSERVATION DIVISION

APR - 6 1984

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 deviated tests taken on the well in accordance with RULE 111.

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

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.