



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

August 21, 1991

Merrion Oil and Gas Company
P. O. Box 840
Farmington, NM 87499

Meridian Oil Inc.
P. O. Box 4289
Farmington, NM 87499

Re: Canyon Largo Unit NP #89 Basin Dakota Pool

Gentlemen:

The C-104 designating Merrion Oil and Gas as operator of the referenced well in the Basin Dakota Pool is hereby rescinded and the previously approved C-104 designating Meridian as operator remains in effect. The Devils Fork Gallup portion of the well is still operated by Merrion.

See the attached documentation.

Sincerely,

Frank T. Chavez, District Supervisor

*Report on
ID 3*

cc:

EPG

→ Santa Fe file

*Apply Chg
needs new
label
(check operator)*

MERRION OIL & GAS CORPORATION

610 REILLY AVE. • P. O. BOX 840
FARMINGTON, NEW MEXICO 87499

ze.

M-17-24N-6W

July 24, 1991

Mr. Frank Chavez
New Mexico Oil Conservation
1000 Rio Brazos Road
Aztec, New Mexico 87410

RECEIVED
JUL 25 1991.
OIL CON. DIV.
DIST. 3

RE: Canyon Largo Unit #89
Who is the Operator?

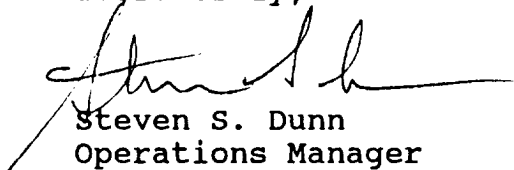
Dear Frank:

This letter is to let you know that both Merrion Oil & Gas and Meridian Oil operate the CLU #89. This is possible because the wellbore is dually completed in the Gallup and Dakota formations. On May 1, 1991, Merrion, as CLU Gallup operator, assumed operation of the Gallup side of the well only. Meridian Oil retained operatorship for the Basin Dakota side.

Initially, I thought Meridian would turn over the entire well to Merrion. I filed a change of operator notice based on this erroneous assumption and this has created confusion. The above should clarify the situation and I apologize for any inconvenience this may have caused you and your staff.

If you wish to discuss further, please give me a call.

Yours truly,


Steven S. Dunn
Operations Manager

SSD/eg

CC: Well File

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED

NOV 01 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in ~~Ownership~~ Operatorship

Change in Transporter of:
☐ Oil
☐ Casinghead Gas

Other (Please explain)
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit NP	Well No. 89	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, (Federal) or Fee	Lease No. SF 078886
Location Unit Letter M : 1090 Feet From The South Line and 1090 Feet From The West Line of Section 17 Township 24N Range 6W NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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, NM 87499
If well produces oil or liquids, give location of tanks. Unit M, Sec. 17, Twp. 24N, Rge. 6W	Is gas actually connected? when

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1986
BY [Signature]
TITLE SUPERVISION 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 deviation 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Uranus Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

See Instructions
at Bottom of 1

cc: 1 Well File
4 OCD
1 Land
1 Acct
1 Taxes

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil & Gas Corporation		Well Airt No.
Address P. O. Box 840, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Effective 3/1/91	
Change in Operator <input checked="" type="checkbox"/>	If change of operator give name and address of previous operator Meridian Oil, P. O. Box 4289, Farmington, NM 87499	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 89	Pool Name, including Formation Basin Dakota	Kind of Lease Lease	Lease No. SP 078801
Location Unit Letter M : 1090 Feet From The South Line and 1090 Feet From The West Section 17 Township 24N Range 6W NMPM Rio Arriba				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Range M 17 24N 6W yes When 7/14/60

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

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Kill Inc.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations				

HOLE SIZE	TUBING, CASING AND CEMENTING RECORD CASING TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - bbls.	Water - bbls.

GAS WELL

Actual Prod. Test - Mscf/D	Length of Test	Initial Condensate/Mscf
Testing Method (piston, back)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)
		Choke Size

VI. OPERATOR 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.

Signature *Steven S. Dunn*
Printed Name **Steven S. Dunn** Operations Manager
Date **3/4/91** Telephone No. **505 327-9801**

OIL CONSERVATION DIVISION

Date Approved **MAR 05 1991**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.