

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

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104  
Effective 1-1-65

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

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

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Federal	Le
Canyon Largo Unit	121	Devils Fork Mesaverde	State, Federal or Fee	SF	078
Location					88
Unit Letter	A	990 Feet From The	North	Line and	990 Feet From The
Line of Section	17	Township	24N	Range	6W
				NMPM,	Rio Arriba

J. 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)					
Ciniza Pipeline	P. O. Box 256, 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)					
El Paso Natural Gas Company	P. O. Box 4289, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	8	24N	6W	Yes	11/1977

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill
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					

V. 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 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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

OIL CONSERVATION COMMISSION

APPROVED

NOV 09 1984

BY

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 drilled well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for