

| DISTRIBUTION | | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|--|--|--|--|--|--|
| SANTA FE | | REQUEST FOR ALLOWABLE | | | |
| FILE | | AND | | | |
| U.S.G.S. | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| LAND OFFICE | | | | | |
| TRANSPORTER | | OIL | | | |
| | | GAS | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator | | | | | |
| MERRION OIL & GAS CORPORATION | | | | | |
| Address | | | | | |
| P. O. Box 1017, Farmington, New Mexico 87401 | | | | | |
| Reason(s) for filing (Check proper box) | | | | | |
| New Well | | Change in Transporter of: | | Other (Please explain) | |
| Recompletion | | Oil | | Change of Operator | |
| Change in Ownership | | Casinghead Gas | | Condensate | |
| Operator | | | | | |
| If change of ownership give name and address of previous owner | | | | | |
| J. Gregory Merrion & Robert L. Bayless, Box 507, Farmington | | | | | |
| DESCRIPTION OF WELL AND LEASE | | | | | |
| Lease Name | | Well No. | | Kind of Lease | |
| Canyon Largo Unit | | 305 | | State, Federal or Fee Federal | |
| | | Devils Fork Ga-lup | | SF078877 | |
| Location | | | | | |
| Unit Letter | | Feet From The | | Feet From The | |
| A | | 990 North | | 825 East | |
| Line of Section | | Township | | Range | |
| 11 | | 24N | | 6W | |
| | | | | , NMPM, Rio Arriba | |
| | | | | County | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| Name of Authorized Transporter of Oil | | or Condensate | | Address (Give address to which approved copy of this form is to be sent) | |
| Permian Corporation | | | | Box 1702, Farmington, NM 87401 | |
| Name of Authorized Transporter of Casinghead Gas | | or Dry Gas | | Address (Give address to which approved copy of this form is to be sent) | |
| El Paso Natural Gas Co. | | | | Box 990, Farmington, New Mexico 87401 | |
| If well produces oil or liquids, give location of tanks. | | Unit | | Is gas actually connected? | |
| | | A | | Yes | |
| | | Sec. 11 | | When | |
| | | Twp. 24N | | September, 1981 | |
| | | Pge. 6W | | | |
| 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 | |
| | | | | | |
| 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 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 | | 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/MM | |
| | | | | Gravity of Condensate | |
| Testing Method (pilot, back pr.) | | Tubing Pressure (Shot-in) | | Casing Pressure (Shot-in) | |
| | | | | Choke Size | |
| | | | | | |
| OIL CONSERVATION COMMISSION | | | | | |
| APPROVED OCT 21 1981 | | | | | |
| Original Signed by FRANK T. CHAVEZ | | | | | |
| 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 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. | | | | | |
| 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. | | | | | |
| J. GREGORY MERRION, President | | | | | |
| 10/20/81 | | | | | |