

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1017, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
2154
AT SURFACE: 3430 FWL & 1850 FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

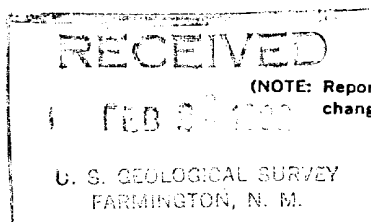
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Completion ☒

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☒



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

| | |
|---|-------------------------|
| 5. LEASE SG-078874 & SF-078957 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME Canyon Largo Unit | |
| 9. WELL NO. 311 | |
| 10. FIELD OR WILDCAT NAME Devils Fork Gallup | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T24N, R6W | |
| 12. COUNTY OR PARISH Rio Arriba | 13. STATE New Mexico |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6392' G.L. | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Cement circulated to the surface on the 8-5/8" casing.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operations Manager DATE 2/22/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 22 1982

*See Instructions on Reverse Side

NMOCC

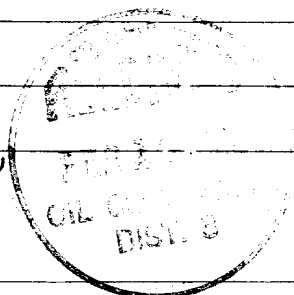
BY [Signature]

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-63

LS



Operator
Merrion Oil & Gas Corporation
Address
P. O. Box 1017, Farmington, New Mexico 87401

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------|----------|--------------------------------|-------------------------------|--------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease |
| Canyon Largo Unit | 311 | Devils Fork Gallup | State, Federal or Fee Federal | SF078874 |
| Location | | | | & SF078957 |
| Unit Letter | F | 2154 3430 | Feet From The | North South |
| | | | Line and | 1850 |
| | | | Feet From The | West |
| Line of Section | 3 | Township | 24N | Range |
| | | | 6W | , NMPM, Rio Arriba |
| | | | | Cou |

II. 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) |
| Permian Corporation | | | | P. O. Box 1702, Farmington, New Mexico 87401 |
| 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 990, Farmington, New Mexico 87401 |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. |
| | F | 3 | 24N | 6W |
| | | | | Is gas actually connected? |
| | | | | No |
| | | | | When |
| | | | | ASAP |

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't. | Diff. R |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 1/16/82 | 1/25/82 | 5675' KB | 5631' KB | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 6392; GL | Gallup | 5400 KB | 5380 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 5400 - 5605' KB | 55 Holes | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4 | 8-5/8 | 232' KB | 175 sx | | | | | |
| 7-7/8 | 4-1/2 | 5675' KB | 175 sx Class H 2% D | | | | | |
| | | | 600 sx Class B 2% D-7 | | | | | |
| | 2-3/8 | 5380' KB | 100 sx Class H 2% D-2 | | | | | |

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 top
able 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.) | |
| 2/18/82 | 2/18/82 | Flowing | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | | 200 | 1/2" |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 235/day | -0- | 350/day |

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 |
| | | | |

VI. 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)
2/19/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by CHARLES GHOLSON
BY
DEPUTY OIL & GAS INSPECTOR, DIST. #5
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of cond