

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

RECEIVED

SEP 23 1983

OIL CON. DIV.  
DIST. 3

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

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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. 310	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078874
Location Unit Letter <u>G</u> ; <u>3424</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

## I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 24N	Rge. 6W
	Is gas actually connected?		When No As soon as possible	

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

## C. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 5/2/83	Date Compl. Ready to Prod. 8/26/83		Total Depth 5750' KB		P.B.T.D. 5712' KB			
Elevations (DF, RKB, RT, GR, etc.) 6437' KB, 6424' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay		Tubing Depth			
Perforations 5180 - 5187, 3 holes; 5481 & 5483, 2 holes; 5493 & 5495, 2 holes; 5509 - 5517, 5 holes; 5631 - 5638, 5 holes, 5647 & 5649, 2 holes.					Depth Casing Shoe 5749' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		208' KB		170 sx			
7-7/8"	4-1/2"		5749' KB		225 sx Class H			
	2-3/8"		5149' KB		700 sx Class B			
					100 sx Class H			

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 all  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/20/83	Date of Test 9/21/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 300	Choke Size 1/2"
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. -0-	Gas - MCF 95

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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

9/21/83

(Date)

## OIL CONSERVATION DIVISION

SEP 23 1983

APPROVED

Original Signed by

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

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

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditio  
Separate Forms C-104 must be filed for each pool in multi