ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-1-78 --. -- COPICS SECEITES OIL CONSERVATION DIVISION DISTRIBUTION P. O. BOX 2083 SANTA FE SANTA FE, NEW MEXICO 87501 FILE U.K.G.B LAND OFFICE TRANSPORTER GIS REQUEST FOR ALLOWABLE AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Merrion Oil & Gas Corporation P. O. Box 1017, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Pleas - explain) Change in Transporter of: Recompletion Oil 5/2/84 - first delivery of gas. Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease N Canyon Largo Unit 333 Devils Fork Gallup State, Federal or Fee Federal. 078922 Location : 2060' Feet From The North Line and 990' Township 24N7W , NMPM, County Address (Give address to which approved copy of this form is to be sent) Permian Corporation

Name of Authorized Transporter of Cusinghead Gas y P. O. Bex 1702, Farmington, New Mexico 87499
Address (Give address to which approved copy of this form is to be sent) or Dry Gas El Paso Natural Gas Co. P. O. Box 4990, Farmington, New Mexico 87499 Twp. Unit If well produces oil or liquids, is gas actually connected? When give location of tanks. ! 1 E 24N ! 7W Yes 5/2/84 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Weil Ggs Well New Well Workover Plug Back | Same Resty. Diff. Rest Designate Type of Completion - (X) XX XX Date Spudded Date Comp. Ready to Prod. Total Depth P.B.T.D. 2/22/84 3/20/84 6145' KB 6101' KB Elevations (DF, RKB, RT, GR, etc.) 6803' KB, 6795' GL Name of Producing Formation Top Oll/Gas Pay **Tubing Depth** Gallup 5818' KB 5828' KB Perforations 5818, 5841, 5851, 5891, 5896, 5918, 5920, 5922, 5924, 5947, 5993, Depth Casing Shoe 5997, 6013, 6023, 6031, 6039, 6041, 6051, 18 holes 6145' KB TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 8-5/8" 306' KB 200 sx (412 cu. ft.) B 7-7/8" 4-1/2" 6145' KB 225 sx (274.5 cu. ft.)H 700 sx (1442 cu. ft.) B 2-3/8" 100 sx (122 cu. ft.) H 5828 KB TEST DATA AND REQUEST FOR ALLOWABLE (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 Teet Producing Method (Flow, pump, gas lift, etc.) 5/1/84 5/2/84 Pumping Length of Test Casing Presure Tubing Preseure Choke Size 24 Hour 125 200 3/4" Actual Prod. During Test Oil - Bale. Woter - Bbie. 65 **GAS WELL** Actual Prod. Test-MCF/D Bhis. Condensete/MMCF Langth of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Precoure (Shut-in) Cosing Prossure (Shet-is) CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION MAY 03 1984 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. APPROVED_____ Original Signed by FRANK T. CHAVEZ SUPERVISOR 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 despense well, this form must be secompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Steve S. Dunn Operations Manager All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 5/2/84 Fill out only Sections I, II. III, and VI for changes of owner, ell name or number, or transporten or other such change of condition. (Date)

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