

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-100
Supersedes Old C-100 and
Effective 1-1-83

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

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)

FILED
JUL 8 9 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 336	Pool Name, including Formation Blanco Pictured Cliff South	Kind of Lease State, Federal or Fee Federal SF	Lease No. 079177
Location Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1740</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba Count				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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 Co.	P. O. Box 4990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X	X					
Date Spudded 4/17/84	Date Compl. Ready to Prod. 6/27/84	Total Depth 2571' KB	P.B.T.D. 2556' KB					
Elevations (DF, R&B, RT, CR, etc.) 6438' KB, 6433' GL	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 2435' KB	Tubing Depth					
Perforations 2435 - 2449' KB, 2 PF, total 28 holes			Depth Casing Shoe 2571' KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-3/4"	7"	96'	50 sx (103 cu. ft.)
6-1/4"	5-1/2" 2 7/8"	2562'	365 sx (430 cu. ft.)

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

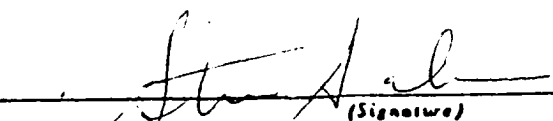
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Use - MCF

GAS WELL

Actual Prod. Test-MCF/D 2,558 MCF/D	Length of Test 3 hours	Bbls. Condensate/MCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in) 650 PSI	Choke Size 1-1/2"

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)

7/6/84

OIL CONSERVATION COMMISSION
7-11-84
JUL 11 1984
APPROVED
BY Original Signed by FRANK I. CHAVEZ
TITLE 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 deeper 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