EN	EHGY AND MINERALS DEPARTMENT	Corre	ction	Form C-104					
	90. 00 tobico acceives	OIL CONSER	VATION DIVISIO	N Revised 10-1-78					
-	DISTRIBUTION SANTA FE	P. O.	BOX 2088	\mathcal{A}					
	FILE	SANTA FE, N	IEW MEXICO 87501	6 May Day					
	U.S.G.S.			35/3/24/0K. DEGETTEN					
	LAND OFFICE	REGUEST:	FOR ALLOWABLE	20 CONER					
	TRANSPORTER GAS	KEWOES!	AND	in the state of th					
_	AUTHORIZATION TO TRANSPORT OIL AND NATURAL CASES								
I.	Operation Operation								
	Manusia Gialla Galari		, –	4. 4.7					
	Merrion Oil & Gas Co	rporation		ONCOR. DW					
	P. O. Box 1017, Farmington, New Mexico 87499								
	Reason(s) for filing (Check proper b	ington, New Mexico 8/499							
	New Well	Change in Transporter of:	Other (Please	explain)					
	Recompletion		Gas						
	Change in Ownership	Casinghead Gas Con	ndensate						
	If the control of the								
	If change of ownership give name and address of previous owner								
u.	DESCRIPTION OF WELL AND	DLEASE							
	Canyon Largo Unit	Well No. Pool Name, Including	·	and of Lease Lease 1					
	Location Large Unit	130R Devils Fork	allup _ s	tate, Federal or Fee Federal SF 078877					
i	C	000	•						
	Unit Letter	980 Feet From The North	ine and1650	Feet From The					
	Line of Section 9 To	ownship 24N Barres	6W	Rio Arriba					
	11	ownship 2411 Range	, NMPM,	RIO ALLIDA Coun					
Π.	DESIGNATION OF TRANSPOR	TER OF OH AND NATURAL C	340	•					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approved control of the Condensate Address (Give address to which approximate Address (Give addr				which approved copy of this form is to be sent)					
- 1	Permian Corporation		P. O. Box 1702	2, Farmington, New Mexico 8749					
ſ	Name of Authorized Transporter of Co			which approved copy of this form is to be sent)					
	El Paso Natural Gas (Co.	P. O. Box 4990), Farmington, New Mexico 8749					
ſ	If well produces oil or liquids,	Unit Sec. Twp. Rgs.	is gas actually connected?						
L	give location of tanks.	C 9 24N 6W	No	As soon as possible					
I	f this production is commingled w	ith that from any other lease or pool	. Five commingling order or	tes how					
۲. ر	COMPLETION DATA	· ·		embet.					
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Restv. Diff. Re					
 -	Date Spudded								
- 1		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
h	4/19/84 Elevations (DF, RKB, RT, GR, etc.)	5/15/84	5700' KB	5628' KB					
	6477' KB, 6465' GL	}	Top Oll/Gas Pay	Tubing Depth					
h		Gallup B, 2 PF, 34 holes. 5479,	5123' KB	5384 KB					
	5453, 5451, 5449, 5443.	5439. 5435. 5409. 5403.	5403, 5401, 5459,	· · · · · · · · · · · · · · ·					
	5453, 5451, 5449, 5443, 5439, 5435, 5409, 5403, 5494, 5379, 5127, 5125, 5123 5696' KB TUBING, CASING, AND CEMENTING RECORD 18 holes								
Γ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	· — · · · · · · · · · · · · · · · · · ·					
Γ	12-1/4"	8-5/8"	228' KB	SACKS CEMENT 170 sx (350 cu. it.)B					
	7-7/8"	4-1/2"	5696' KB	225 sx (274.5 cu. ft.)					
				700 sx (1442 cu. ft.)					
L		2-3/8"	5384' KB	100 sx (122 cu. ft.) H					
. T	EST DATA AND REQUEST FO		ifter recovery of total volume of	of load all and must be equal to ar exceed top all					
	II. WELL Outs First New Oil Run To Tanks	and joi this at	epin or se jor juil 24 hours)						
1-	5/15/84	Date of Teet	Producing Method (Flow, pu	mp, gas lift, etc.)					
+	ength of Teet	5/16/84 Tubing Pressure	Flowing						
-	24 hours	25	Casing Pressure 300	Choke Size					
1	ctual Prod. During Teet	Oil-Bhis.	Water - Bbis.	3/4"					
		108	-0-	Gas-MCF 265					
<u>'</u>	· · · · · · · · · · · · · · · · · · ·								
G	AS WELL								
┌▲	ctual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate					
L				a string of condensation					
T	esting Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-is)	Choke Size					
CE	ERTIFICATE OF COMPLIANC	E	OIL CONS	SERVATION DIVISION					
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. (Signature) Steve S. Dunn, Operations Manager (Title) 5/18/84									
			Original Signed by FRANK T. 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 deepens 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 allow able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner						
						(Date	·	well name or number, or to	ransporten or other such change of condition
								Carrana Carra C :	MA Alta Alta