

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

OIL

GAS

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-104A
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

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Load Oil recovered - new test.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Canyon Largo Unit

Well No.

319

Pool Name, Including Formation

Devils Fork Gallup Ext.

Kind of Lease

State, Federal or Foreign

Federal SF

Lease No.

079071 A

Location

Unit Letter

M

:

1105

Feet From The

South

Line and

790

Feet From The

West

Line of Section

28

Township

25N

Range

6W

NMPM,

Rio Arriba County

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Permian Corporation

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1702, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit

M

Sec.

29

Twp.

25N

Rge.

6W

Is gas actually connected?

No

When

As soon as possible

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

XX

Gas Well

New Well

Workover

Deepen

Plug Back

XX

Same Res'v.

Diff. Res'v.

Date Spudded

1/4/61

Date Compl. Ready to Prod.

11/3/82

Total Depth

7118' KB

P.B.T.D.

6524' KB

Elevations (DF, RKB, RT, CR, etc.)

6751' GL

Name of Producing Formation

Ballup

Top Oil/Gas Pay

5980' KB

Tubing Depth

5971' KB

Perforations

5980, 5988, 5996, 6002, 6031, 6045, 6077, 6079, 6081, 6194, 6211, 6216, 6230, 6285, 6292, 6297, & 6305'

Depth Casing Shoe

6971' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

12-1/4"

CASING & TUBING SIZE

8-5/8"

DEPTH SET

335'

SACKS CEMENT

200 SX

7-7/8"

5-1/2"

7116'

275 SX

2 3/8

5971'

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

11/11/82

Date of Test

11/17/82

Producing Method (Flow, pump, gas lift, etc.)

Flowing

Length of Test

24 hour

Tubing Pressure

250 PSIG

Casing Pressure

650 PSIG

Choke Size

8/64

Actual Prod. During Test

Oil-Bbls.

474 Bbls

Water-Bbls.

-0-

Gas-MCF

550 MCF

(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)

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

CERTIFICATE OF COMPLIANCE

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)

11/18/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED

NOV 20 1982

, 19

BY

Original Signed by [Signature] [Name]

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 deepened 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple