

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 RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERMATION OFFICE		

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 327	Pool Name, Including Formation Devils Fork Gallup Ext. Ass.	Kind of Lease State, Federal or Fee	Lease E29137
Location				
Unit Letter <u>O</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>25N</u> Range <u>6W</u> , NMPM, Rio Arriba				

III. 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 Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit <u>O</u> Sec. <u>32</u> Twp. <u>25N</u> Rge. <u>6W</u>
Is gas actually connected?	When <u>1-27-84</u> <u>As soon as possible</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Re
Date Spudded 9/6/83	Date Compl. Ready to Prod. 12/10/83	Total Depth 6084' KB	P.B.T.D. 6021' KB					
Elevations (DF, RKB, RT, GR, etc.) 6399' KB, 6486' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5514' KB	Tubing Depth 5516' KB					
Perforations 5514, 5522, 5530, 5541, 5566, 5580, 5600, 5602, 5604, 5606, 5651, 5653, 5678, 4584, 5696, 5707, 5758, 5775, 5799, 5815, 5817, 21 holes	Depth Casing Shoe 6090' KB							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	220' KB	170 sx					
7-7/8"	4-1/2"	6090' KB	1025 sx					
	2-3/8"	5516' KB						

V. 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 oil able for this depth or be for full 24 hours)

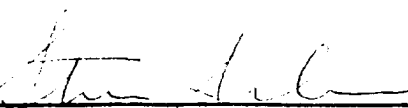
Date First New Oil Run To Tanks 1/6/84	Date of Test 1/10/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 150 PSI	Casing Pressure 400 PSI	Choke Size 3/4"
Actual Prod. During Test	Oil-Bble. 50	Water-Bble. -0-	Gas-MCF 140

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	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.


(Signature)
Steve S. Dunn, Operations Manager
(Title)
1/11/84
(Date)

OIL CONSERVATION DIVISION
JAN 12 1984
APPROVED _____, 19____
BY 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 deeper 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 all wells 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 condition.