ΕN	ERGY AND MINERALS DEPARTMENT	•		Form C-104
	DISTRIBUTION		VATION DIVISION	Revised 10-1-78
	BANTA FE P. O. BOX 2088			
	FILE U.S.G.S.	SANTA FE, NI	EW MEXICO 87501	f
	LAND OFFICE		31137	
	TRANSPORTER GAS	REQUEST F	FOR ALLOWABLE	
	PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
••	Operator MAD			
	Address Merrion Oil & Gas Corporation O/L C 16/98			
	1	, Farmington, New Mexico	87499	NON N
	Reason(s) for filing (Check proper b		Other (Please explain)	OIST DIV
	New Well	Change in Transporter of:		13.
	Recompletion Change in Ownership	Oil Dry		tor you
			iensate	
	If change of ownership give name and address of previous owner	El Paso Natural Gas Co.,	P. O. Box 4990, Farmington	on, New Mexico 87499
				, 111200
II.	DESCRIPTION OF WELL AND	D LEASE Well No. Pool Name, Including		
	Canyon Largo Unit	1 1		Lease :
	Location		Callup	olor Foo Federal SF 078875
	Unit Letter (: 16	Feet From The North	ine and 1650	The East
	Line of Section 33	25N		
ı	Line of Section T	ownship 2011 Range	, NMPM, Rio Ai	riba Coun
n.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	•
	Name of Authorized Transporter of O Permian	or Condensate	Address (Give address to which appro	nued copy of this form is to be sent)
-	Name of Authorized Transporter of C		P. O. Box 1702, Farmingt	on, New Mexico 87499
	El Paso Natural Gas Co	asinghead Gas 🔼 or Dry Gas 🔲	Address (Give address to which appro	ved copy of this form is to be sent)
}	If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box 4990, Farmingt	on, New Mexico 87499
	give location of tanks	33 25N 6W		2/84
. 1	If this production is commingled with that from any other lease or pool, give commingling order numbers			
۷. (۲	COMPLETION DATA	Oil Well Gas Well		
ı	Designate Type of Completi	on – (X)	New Well Workover Duepen	Plug Back Same Res'v. Dill. Ren
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
-	Elevations (DF, RKB, RT, GR, etc.)			
	(DI, KKB, KI, GK, esa.)	Name of Producing Formation	Tep Oil/Ges Pey	Tubing Depth
	Perforations			Depth Casing Shoe
L				
-	LOI P. CIPP.		D CEMENTING RECORD	
H	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
_				
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 a able for this depth or be for full 24 hours)				
_	Date First New Oil Rus: To Tanks	Date of Test	Producing Method (Flow, pump, gas If	i, etc.)
L				•
1	ength of Test	Tubing Pressure	Casing Pressure	Choke Size
-	stual Pred, During Test	Citi - Bbis.	Water - Bble.	Gas - MCF
	•			GGB - MCF
'			I	l
_	AS WELL		P	
1	actual Prod. 1001-MC1/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7	esting Method (pitot, lack pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
L			(220-22)	Chore alse
CERTIFICATE OF COMPLIANCE			OIL CONSERVATI	ON DIVISION
			OIL CONSERVATI	2 1 6 1984
Di	vision have been complied with	egulations of the Oil Conservation	APPROVED 118	
above is true and complete to the best of my knowledge and belief.			BY Sank	
			TITLE SUPERVISOR DISTRICT # 3	
			V	
the state of			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens	
(Signature)			well, this form must be accompanied 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 allow	
(Title) 3/15/84 (Date)			able 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	