| | FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS | - | FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (| Supersedes Old C-104 Ellocitus 1-1-85 |
|-----------|---|--|---|--|
| l. | OPERATOR PROBATION OFFICE Operation Merrion Oil & Gas Corporation | | | |
| | Address | | | |
| | P. O. Box 1017, Farm Resson(s) for liling (Check proper box | | Other (Please explain) | |
| | New Well Recompletion Change in Ownership | Change in Transporter of: DII Dry Go Casinghead Gas Conde | cas Change of Operato | ! r and Transporter |
| | Operator If change of provious power and address of previous owner | El Paso Natural Gas Compa | any, P. O. Box 4289, Farmin | ngton, New Mexico |
| ı. | DESCRIPTION OF WELL AND | LEASE | | , |
| | Lease Name | Well No. Pool Name, including F | _ | rederar |
| | Canyon Largo Unit | 343 Devils Fork Ga | allup Ext. Stote, Federo | 11 or F•• SF 0788 |
| | Unit Letter K ; 1650 | Feet From The South Lir | ne and 1850 Feet From | The West |
| | Line of Section 29 To | wnship 25N Range | 6W , NMPM, Rio A | rriba |
| 3. | DESIGNATION OF TRANSPORT | or Condensate | Address (Give address to which appro- | |
| ٠ | Conoco, Inc. Surface Name of Authorized Transporter of Con | | 555 17th Street, 9th Floo | |
| | El Paso Natural Gas | Company | P. O. Box 4289, Farmingto | on, New Mexico 8749 |
| | II well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Fige. K 29 25N 6W | Yex | P)) |
| | If this production is commingled will COMPLETION DATA | | give commingling order number: | |
| | Designate Type of Completion | on - (X) | New Well Wushaves Despen | Plug Back Sume Res'r. Di |
| ` | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oll/Gos Pay | Tubing,Depth |
| | Ferforations | | | Depth Cosing Shoe |
| | | TUBING, CASING, AND | CEMENTING RECORD | |
| 1 | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | • | | | |
| ŀ | | | | |
| | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be far.full 24 hours) | | | |
| Ī | Date First New Oil Run To Tanks | Date of Test | Producing Mathed (Flower pump, gas li) | |
| } | Length of Test | Tubing Presews | Casing Pressure | Choke Size |
| } | Actual Prod. During Test | Oil - Bbls. | Water-Bble. | Gae-MCF |
| Į. | | | | |
| _ | GAS WELL | | | |
| | Actual Prod. Tool-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1 | Teating Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cooling Pressure (Shot-in) | Choke Size |
| ا ا، ر | CERTIFICATE OF COMPLIANC | E | OIL CONSERVA | TION COMMISSION |
| _ | | | APPROVED NOV 02 | 1984 |
| C | hereby certify that the rules and so commission have been compiled w | ith and that the information given | 8-110 | |
| | bove is true and complete to the | near of my wnowledge and belief. | BY | |
| | 1 | 1 0 | | |
| | the s | rl | This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with NULE 111. | |
| - | Steve S. Dunn, Operat | 1 | | |

11/1/84

(Title)

All sections of this form must be filled out completely for able on new and recompleted wells.