

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
PRORATION OFFICE	

I.

Operator Merrion & Bayless	
Address Petroleum Plaza Building Farmington, New Mexico	
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"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 1	Pool Name, including Formation Ballard Pictured Cliff	Kind of Lease State, Federal or Fee Jicarilla	Lease No. 360
Location Unit Letter C ; 790 Feet From The North Line and 1850 Feet From The West Line of Section 1 Township 22N Range 3W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit 790	Sec. 1
	Twp. 22N	Rge. 3W
	Is gas actually connected? yes When April 8, 1969	

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-3-69	Date Compl. Ready to Prod. 1-14-69		Total Depth 2815		P.B.T.D. 2783			
Elevations (DF, RKB, RT, GR, etc.) 7169 GL	Name of Producing Formation Pictured Cliff		Top Oil/Gas Pay 2661		Tubing Depth none			
Perforations 2661-70, 2680-84, 2690-91, 2695-96					Depth Casing Shoe 2783			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11 6-3/4"	CASING & TUBING SIZE 7-5/8 2-7/8"		DEPTH SET 97 2814		SACKS CEMENT 80 170			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 6123	Length of Test 24 hours	Bbls. Condensate/MMCF none	Gravity of Condensate 3
Testing Method (pitot, back pr.) pitot	Tubing Pressure (shut-in) 225 none	Casing Pressure (shut-in) 737	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I 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.

R L Bayless
(Signature)
(Title)
4-7-69
(Date)

OIL CONSERVATION COMMISSION
APR 8 1969
APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #3
TITLE _____

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 multiply completed wells.