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	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PROBATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 GAS	11			
1.	Operator J. Gregory Merrion ar	nd Robert L. Bayless			_			
	P.O. Box 507, Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well X Recompletion Change in Ownership	Change in Transporter of:  OII Dry G  Casinghead Gas Conde	<b>=</b> 1					
	If change of ownership give name and address of previous owner		`		_			
II.	DESCRIPTION OF WELL AND Lease Name Jicarilla Contract 42 Location	8 1 Undesig Pict	cure Cliff State, Feder	ral or Fee Indian Contrac 428	t			
	32	1850 Feet From The North Linescentist North Linesce	ne and 1850 Feet From  4W NMPM,	Candara 1				
111.	<u></u>	TER OF OIL AND NATURAL G	7 1001 (O)	Sandoval County	لـ			
	Name of Authorized Transporter of Co Name or Authorized Transporter of Co Northwest Pipeline	or Condensate	Address (Give address to which appropriate Address (Give address to which appropriate Box 90, Farmington, N	oved copy of this form is to be sent)				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	is gas actually connected? Wi	eing connected now	_			
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,  Cil Well Gas Weli	give commingling order number: New Well Workover Deepen	Plug Back   Same Restr.   Diff. Restv				
	Designate Type of Completi	on - (X)	X					
	Date Spudded 08-08-74	Date Comp!. Ready to Prod. 08-10-74	Total Depth 2700 *	P.B.T.D. 2337 '				
	Elevations (DF, RXE, RT, GR, etc.) 6989 G.R.	Name of Producing Formation Picture Cliff	Top Oil/Gas Pay 2262*	Tubing Depth  Depth Casing Shoe	_			
	Perforations 2262-2266, 2276-2280		D CEMENTING RECORD	2369'	-			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12-1/4"	8-5/8" - 24 lb.	100'	100 sx	_			
	6-3/4"	2-7/8" - 6.5 1b.	2369'	120 sx	_			
v.		OR ALLOWABLE (Test must be a oble for this de	ifter recovery of total volume of load oil epith or be for full 24 hours)	l and must be equal to or exceed top allow	_ <u> </u> v•			
ĺ	OIL WELL Date First New,Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	7			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	1			
	Actual Pred. During Test	Oli-Bbis.	Water - Bbls.	Gaå - MCF				
'	GAS WELL				_			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
}	815 AOF Testing Method (pitot, back pr.)	20 Hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	-			
	Back Pressure		636 PSIG					
	CERTIFICATE OF COMPLIAN		11	ATION COMMISSION				
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.			APPROVED 19 Original Signed by A. R. Rendrick					
			TITLE SUPERVISOR LAST. 43					
			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					
							/	Co-Owner (Sign
`•	(Ti	(le)	able on new and recompleted w					
	April 6, 1977	ite )	Fill out only Sections I. I well name or number, or transpor	<ol> <li>III, and VI for changes of owner ter, or other such change of condition</li> </ol>	e le			

Separate Forms C-104 must be filed for each pool in multiply completed wells.