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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		/
PRODUCTION OFFICE		

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

AMENDED REQUEST

Operator J. Gregory Merrion and Robert L. Bayless	
Address P.O. Box 507, Farmington, New Mexico 87401	
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 checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

Lease Name Jicarilla Contract 428		Well No. 1	Pool Name, including Formation Ballard Picture Cliff	Kind of Lease State, Federal or Fee Indian	Lease No. Contract 428
Location					
Unit Letter	G	1850	Feet From The	North	Line and
					1850
					Feet From The
					East
Line of Section	32	Township	23N	Range	4W
					NMPM,
					Sandoval
					County

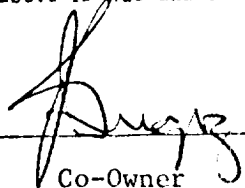
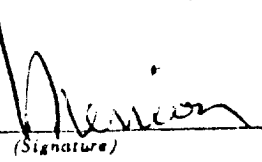
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P.O. Box 990, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
Is gas actually connected?		When	
no		being connected now	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 08-08-74	Date Compl. Ready to Prod. 08-10-74	Total Depth 2700'		P.B.T.D. 2337'					
Elevations (DF, RKB, RT, GR, etc.) 6989' G.R.	Name of Producing Formation Picture Cliff	Top Oil/Gas Pay 2262'		Tubing Depth					
Perforations 2262-2266, 2276-2280				Depth Casing Shoe 2369'					
TUBING, CASING, AND CEMENTING RECORD									
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 lb.		2369'		120 SX			

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 815 AOF	Length of Test 20 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 636 PSIG	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.	
 Co-Owner	 (Signature)
April 14, 1977	(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY <u>Original Signatures</u>	
TITLE <u>SUPERVISOR DIST. #3</u>	
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.	