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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 1-1-85

B.K.

Operator J. Gregory Merrion & Robert L. Bayless		
Address P.O. Box 507 Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE					
Lease Name Bonanza	Well No. 4	Pool Name, Including Formation Chacon Dakota	Kind of Lease State, Federal or Fee	Jicarilla Indian	Lease No. 360
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>E</u>					
Line of Section <u>11</u> Township <u>22N</u> Range <u>3W</u> , NMPM, Sandoval County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation			Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company			Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11	Twp. 22N	Pge. 3W	Is gas actually connected? No	When Soon

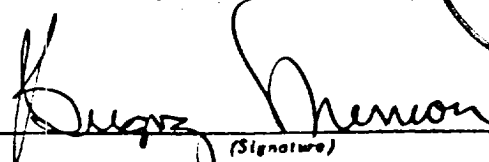
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 03-05-81		Date Compl. Ready to Prod. 05-13-81		Total Depth 7009' KB		P.B.T.D. 6973' KB			
Elevations (DF, RKB, RT, GR, etc.) 7130' GL 7143' KB		Name of Producing Formation Dakota		Top Oil/Gas Pay 6762		Tubing Depth 6755' KB			
Perforations 6856-6868, 6762-6792						Depth Casing Shoe 7008' KB			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	205	185
7-7/8	4-1/2	7008	830
	2-3/8	6762	

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 05-13-81	Date of Test 05-27-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 175	Casing Pressure 650	Choke Size 3/4
Actual Prod. During Test	Oil-Bbls. 528	Water-Bbls. 40	Gas-MCF 428

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.	
 (Signature) Co-Owner (Title) 06-04-81 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>JUN 4 1981</u> , 19____	
BY <u>Original Signed by FRANK T. CHAVEZ</u>	
TITLE <u>SUPERVISOR DISTRICT # 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. Separate Forms C-104 must be filed for each pool in multiple	