

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

Form C-104
 Supersedes Old C-104 and
 Effective 1-1-85

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

LS

Operator
 J. Gregory Merrion & Robert L. Bayless

Address
 P. O. Box 1541, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bonanza	Well No. 7	Pool Name, including Formation Chacon Dakota Assoc.	Kind of Lease Jicarilla State, Federal or Fee Indian	Lease No. 360
Location Unit Letter <u>I</u> ; <u>1850</u> Feet From The <u>FSL</u> Line and <u>790</u> Feet From The <u>FEL</u> Line of Section <u>11</u> Township <u>22N</u> Range <u>3W</u> , NMPM, <u>Sandoval</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, New Mexico 87401			
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) Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 11	Twp. 22N	Page. 3W
	Is gas actually connected? No		When As soon as possible	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 9/22/81	Date Compl. Ready to Prod. 10/3/81	Total Depth 7035 KB	P.B.T.D. 6692 KB					
Elevations (DF, RKB, RT, GR, etc.) 7187 GL, 7200 KB	Name of Producing Formation Dakota/Graneros	Top Oil/Gas Pay 6792	Tubing Depth 6873					
Perforations 6893-6905, 6792-6826						Depth Casing Shoe 7033.99		

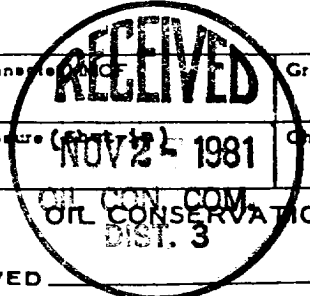
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	210	170
7-7/8	4-1/2	6992.30	800

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/24/81	Date of Test 10/26/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 40 PSIG	Casing Pressure 660 PSIG	Choke Size 3/4"
Actual Prod. During Test	Oil- Bbla. 350	Water- Bbla. -0-	Gas- MCF 300 MCF/D

GAS WELL

Actual Prod. Test- MCF/D	Length of Test	Bbla. Condensate	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	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.

Steve S. Dunn
 (Signature)
 STEVE S. DUNN, Engineer
 (Title)
 10/29/81
 (Date)

APPROVED _____, 1981
 BY _____
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multi-

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