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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

I. Operator **J. GREGORY MERRION**

Address **Box 507, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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	NCRA State	Well No.	3	Pool Name, Including Formation	Devils Fork Gallup	Kind of Lease	State, Federal or Fee	State	Lease No.
Location	Unit Letter L , 990 Feet From The west Line and 1650 Feet From The south								
Line of Section	16	Township	24 N	Range	6 W	, NMPM,		Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
J. Gregory Merrion	Box 507, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	16	24	6	Yes	February 1963

If this production is commingled with that from any other lease or pool, give commingling order number: **R-3741**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-16-62 6-13-68	7-8-69		5872		5850			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6813 KB	Gallup		5774		5830			
Perforations	Depth Casing Shoe							
5774 - 5796	5871							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		204		150			
7 7/8	4 1/2		5871		170			
-	2" EUE		5830		-			

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.)	
July 1968	6-8-69	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40	40	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	16.5 BOPD	Tr.	86.3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

J. Gregory Merrion
Operator (Signature)
Operator (Title)
July 8, 1969
(Date)

OIL CONSERVATION COMMISSION
JUL 9 1969
APPROVED
Original Signed by **Emery C. Arnold**
BY **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.