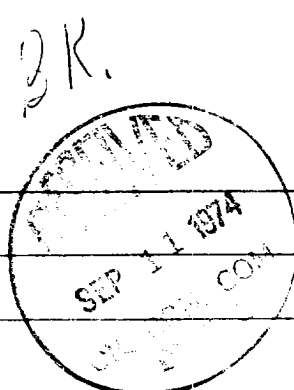


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TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

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



Operator J. Gregory Merrion	
Address P.O. Box 507, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name HCRA State	Well No. 1	Pool Name, Including Formation Devils Work Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. E-1207-1
Location				
Unit Letter <u>E</u> ; <u>1775</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u>				
Line of Section <u>16</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Pio Arriba</u> 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)					
Permian Corporation	Box 3119, Midland, Texas					
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)					
J. Gregory Merrion	Box 507, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 16	Twp. 24N	Range 6W	Is gas actually connected? Yes	When 1963

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

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.
	X			X		X		X
Date Spudded 8-7-62	Date Compl. Ready to Prod. 8-26-74		Total Depth 5834		P.B.T.D. 4850			
Elevations (DF, RKB, RT, GR, etc.) 6750 GL, 6760 KB	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4514		Tubing Depth 4810			
Perforations					Depth Casing Shoe 5834			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 24"		205		150			
7 7/8	4 1/2, 9.5"		5834		170			
	2 3/8, 4.7"		4810					

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 8-26-74	Date of Test 9-7-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 23 hours	Tubing Pressure 35	Casing Pressure 35	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 35	Water-Bbls. 33	Gas-MCF 50

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

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.

(Signature)

Operator

(Title)

9-10-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED

SEP 19 1974

BY Original

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.