_						SIL	
-	DISTRIBUTION SANTA FE /	DECLIEST FOR ALLOWARIES Superse			Form C-104 Supersedes Old Effective 1-1-6	d C-104 and C-116	
AND U.S.G.S. LAND OFFICE LRANSPORTER OIL / AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
1.	OPERATOR , PRORATION OFFICE						
-	J. Gregory Merrion Address P.O. Box 507 Farmington, New Mexico 87401						
	P.O. Box 50 Recson(s) for filing (Check proper box) New Wel: Recompletion XX Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	Other (Pleas	e explain)			
1	f change of ownership give name and address of previous owner						
11. j	DESCRIPTION OF WELL AND L	Well No. Pool ladge, increasing .		Kind of Lease	<u> </u>	Lease No.	
	NCRA State	l Devils Fork (Gallup)	State, Federal or F		E-1207-1	
	Unit Letter E : 1775 Feet From The North Line and 850 Feet From The West						
	Line of Section 16 Town	nship 24N Range	6W , NMP	M, Rio Arr	iba	County	
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate						
İ	Permian Corporation Name of Authorized Transporter of Cas.	Inghead Gas 🔀 💮 or Dry Gas 🗔	Address (Give address P.O. Box 507	to which approved c	opy of this form is	to be sent)	
	J. Gregory Merrion If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? When	1963		
	give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Deeper Deeper Deeper Same Resty. Diff. Resty						
IV.	Designate Type of Completion - (X) Gas Well Gas Well X		X X		i i i i i i i i i i i i i i i i i i i		
	Date Spudded 8-7-62	Date Compl. Ready to Prod. 12-20-74	Total Depth 5835	A North	5805		
	Elevations (DF, RKB, RT, GR, etc.) 6760 KB (6750GL)	Name of Producing Formation Gallup	Top 011/Gas Pay 5643	HIL OF ST	Sh Caling Shoe		
	Perforations 5643-5653 and 5760-5786						
		TUBING, CASING, AN	ND CEMENTING RECO		SACKS CE	MENT	
	12 1/4"	CASING & TUBING SIZE	205		150		
	7 7/8"	4 1/2" 9.5#	5834		170		
		2 3/8" EUE	5773				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL						
	Date First New Oil Run To Tanks 12-21-74	Date of Test 2- 7-75	Gallup				
	Length of Test	Tubing Pressure	Casing Pressure	C	hoke Size		
	24 hours Actual Prod. During Test	Oil-Bble.	Water - Bbls.		Gam-MCF 73		
	5 0 13						
	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) Ci		hoke Size		
		CE	OIL	OIL CONSERVATION COMMISSION		ON	
VI.	I. CERTIFICATE OF COMPLIANCE		ADD 9 1075				

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. Original Section of L'Original Court of (Signature) Operator (Title) April 6, 1975

(Dute)

012 0011				
	APR 8, 1975			
APPROVED				
sy Original Signed by	Emery C. Arnold			
TITLE	SUPERVISOR DIST #3			

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.