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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 ☐ Change In Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Request 1000 BO test allowable and 10,000 MCF while awaiting permission to commingle.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Enda	4	Devils Fork (Gallup & Mesaverde)	State, Federal or Fee Fee	---
Location				
Unit Letter	H	1733 Feet From The North Line and 1147 Feet From The East		
Line of Section	7	Township 24N Range 6W, 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)					
Plateau	Box 108, 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 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	7	24	6	Yes	1961

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v.
	X	X		X		X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.			
8-19-62	3-25-75		5889		APR 8 1975			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6747 KB	Gallup - Mesaverde		5598		5720			
Perforations	Gallup Oil 5598-5602, 5640-46, 5660-66, 5772-87		Mesaverde Gas 4468-76		Depth casing shoe 5889			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	10 3/4		204		135			
7 7/8	4 1/2		5851		120 + 130			
	2 3/8 tubing		5720					

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	3-26-75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	30	30	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	7	6	---

GAS WELL Mesaverde* *Proposed Split

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
75	24 hours	---	---
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Orifice Tester	100 psi	800 psi	---

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.

Operator

April 7, 1975

OIL CONSERVATION COMMISSION
APPROVED **APR 8, 1975**
BY **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.