	riven	1		
DISTRIBUTION			Ĭ	
SANTAFE			-	-
FILE			1-	-1
U.S.G.S.		 	1-	-1
LAND OFFICE		1	1-	-
TRANSPORTER	OIL	1	1	7
	GAS	1	1-	7
OPERATOR		1		7
PRORATION OFFICE				7
Operator				
J. Gregory	Merri	on.	&	Ro
Address				
P.O. Box 15	41, F	arm	in	gt

DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	KEUL	OIL CONSERVATION COMMISSION JEST FOR ALLOWABLE AND AND TRANSPORT OIL AND NATURA	Poin C-104 Supersedes Old C-108 and C Effective 1-1-65 AL GAS	
PRORATION OFFICE Operator				
J. Gregory Merrion	& Robert L. Bayless		,	
P.O. Box 1541, Farm	nington, NM 87401			
Reason(s) for filing (Check proper New Well	Change in Transporter of:	Other (Please explain)		
Recompletion Change in Ownership	OII D	ry Gas		
If change of ownership give nam		ondensate		
II. DESCRIPTION OF WELL AN	DIFACE			
Lease Name Canada Mesa	Well No. Pool Name, Including	1 K 01 L 6		
Location	l-E Basin Dako		eral or Fee Federal SF07908	
Unit Letter C;	1060 Feet From The North	Line and 1840 Feet Fro	om The West	
Line of Section 24	Fownship 24N Range	6W , NMPM, R	io Arriba County	
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL or Condensate	GAS		
Name of Authorized Transporter of C			roved copy of this form is to be sent)	
El Paso Natural Gas		Address (Give address to which app	roved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	P.O. Box 990, Farmingt	ton, NM 87401	
If this production is commingled w	with that from any other lease or poo	No l, give commingling order number	Approx. 06-15-80	
Designate Type of Complet	Tour well To the	· · · · · · · · · · · · · · · · · · ·	Plug Back Same Resty, Diff. Resty,	
Date Spudded	Date Compl. Ready to Prod.	X X Total Depth		
02-10-80 Elevations (DF, RKB, RT, GR, etc.)	05-21-80	6700'	P.B.T.D. 6664'	
6483' GL	Name of Producing Formation Dakota	Top O!1/Gas Pay 6474'	Tubing Depth	
Perforations 6474-6529, total 15 h	oles	Depth Casing Shoe		
	TUBING, CASING, A	ND CEMENTING RECORD	6698'	
12-3/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 236'	SACKS CEMENT	
7-7/8"	4-1/2"	66981	975	
	2-3/8	6456.65'		
/. TEST DATA AND REQUEST FOR OIL WELL	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil lepth or be for full 24 hours)	and must be supply to on ix or d top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)		
Length of Test	Tubing Pressure	Casing Pressure	Choto Size	
Actual Prod. During Test	Oil-Bble.	Water - Bble.	(10 m) (10 m)	
		wdter-Bbls.	Gal-MCF	
GAS WELL				
Actual Prod. Tost-MCF/D 1.5 MMCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	2050 F	2370	1"	
			TION COMMISSION	
I hereby certify that the rules and re Commission have been complied wi above is true and complete to the	th and that the laformaxis - !	BYOriginal Signed by FRANK T. CHAVEZ -		
()	out of my knowledge and belief.			
The X-1		TITLE SUPERVISOR DISTRICT # 3		
(Signate)	1 /2 /2	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.		
Oper	ator			
(Title	(Title) All sections of this form must be filled out completely for all able on new and recompleted wells. 5-30-80 Fill out only Section 1. If the complete is the complete in the complete		£,	
(Date		wait usus or number, or tisusporter	III, and VI for changes of owner, or other such change of condition.	
•	#	Separate Forms C-104 must be completed wells.	be filed for each pool in multiply	