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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

B.R.

Operator J. Gregory Merrion & Robert L. Bayless	
Address P. O. Box 507, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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

III. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 300	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078877
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>500</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 8
	Twp. 24N	Rge. 6W
	Is gas actually connected? Yes	When 3-16-81 Immediately after test

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-17-80	Date Compl. Ready to Prod. 3-15-81		Total Depth 5660		P.B.T.D. 5608			
Elevations (DF, RKB, RT, GR, etc.) 6478 GL 6491 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5352		Tubing Depth 5593			
Perforations 5352, 5356, 5363, 5401, 5405, 5419, 5423, 5532, 5536, 5540, & 5544					Depth Casing Shoe 5660			
TUBING, CASING, AND CEMENTING RECORD								
HOLE-SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		198		160			
7-7/8	4-1/2		5660		825			
	2-3/8		5593					

VI. 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 3-15-81	Date of Test 3-16-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 230	Choke Size 176
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 0	Condensate - Bbls. 0

GAS WELL

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

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
(Signature)

Co-Owner
(Title)

3-17-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #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.