

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

B.K.

Operator
 J. Gregory Merrion & Robert L. Bayless

Address
 P.O. Box 507 Farmington New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 305	Pool Name, including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. SF078877
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>825</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)
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)
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>11</u> Twp. <u>24N</u> Rge. <u>6W</u>	Is gas actually connected? <u>No</u> When <u>Soon</u>

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

COMPLETION DATA

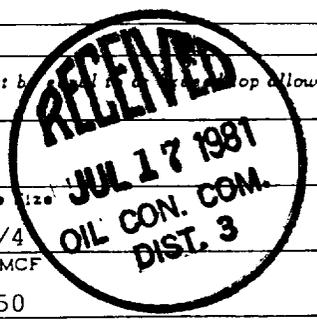
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 04-29-81	Date Compl. Ready to Prod. 06-10-81		Total Depth 5835		P.B.T.D. 5791			
Elevations (DF, RKB, RT, GR, etc.) 6542 GL, 6555 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5521		Tubing Depth 5517			
Perforations 5525, 5526, 5533, 5544, 5548, 5552, 5564, 5584, 5588, 5602, 5605, 5608, 5616, 5619, 5631, 5723, 5726, 5729, 5735, 5741					Depth Casing Shoe 5836			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	204	170
7-7/8	4-1/2	5836	875
	2-3/8	5517	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 07-08-81	Date of Test 07-10-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 250	Choke size 3/4
Actual Prod. During Test	Oil - Bbls. 71	Water - Bbls. 0	Gas - MCF 250



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)	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)

07-13-81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____
 Original Signed by FRANK T. CHAVEZ
 BY _____
 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.