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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.

I.

Operator Merrion & Bayless	
Address P.O. Box 1541, 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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Request 2000 bbl. oil test allowable to enable the sale of gas.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 304	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078877
Location				
Unit Letter C	790	Feet From The North	Line and 1850	Feet From The West
Line of Section 11	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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 24N	Rge. 6W
				Is gas actually connected? no
				When June 25, 1981

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 04-20-81	Date Compl. Ready to Prod. 05-29-81	Total Depth 5700 ft.	P.B.T.D. 5646' KB					
Elevations (DF, RAB, RT, CR, etc.) 6415' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5380'	Tubing Depth 5378.50' KB					
Perforations 5380, 5385, 5392, 5404, 5408, 5412, 5421, 5445, 5463, 5466, 5469, 5478, 5489, 5492, 5583, 5586, 5590, 5595, 5600	Depth Casing Shoe 5691.09'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	190'	180 sacks					
7-7/8"	4-1/2"	5691'	825 sacks					
	2-3/8"	5378'						

V. 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)

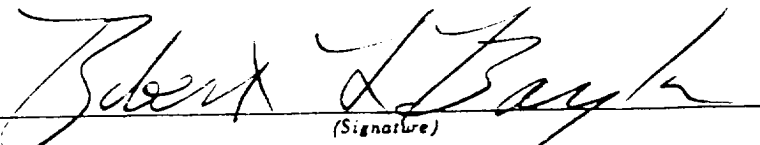
Date First New Oil Run To Tanks	Date of Test	Producing Method (Electric pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			250 MCF/day

GAS WELL

Actual Prod. Test-MCF/D 250	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Co-Owner
(Title)
June 24, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 24 1981**

Original Signed by FRANK T. CHAVEZ

BY **SUPERVISOR DISTRICT # 3**

TITLE

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.