SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL C	Form C-104 Supersedes Old C-104 and C-1 Elliquive 1-1-65
Operation OFFICE Operation MERRION OIL & GAS CORE	X)DATIONI		
Address			
P.O. Box 1017 Farm Reoson(s) for filing (Check proper box	ington, NM 87401	Other (Please explain)	
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	Change of	ator
Operator If change of own XXXXX give name and address of previous owner	J. Gregory Merrion & Rob	pert L. Bayless Box 507	Farmington, NM 87401
DESCRIPTION OF WELL AND Lease Name North Lindrith Com Location	Well No. Pool Name, Including F	Formation Kind of Lease Werde/Gavilan PC State, Federal	
Unit Letter M : 991	O Feet From The West Lin	ne and 990 Feet From T	he South
Line of Section 20 To	wnship 26N Range	2W . NMPM, Ric	Arriba County
DESIGNATION OF TRANSPOR		AS Address (Give address to which approv	ad annual Ni formin to be and
Giant Refinery, Inc. Name of Authorized Transporter of Co			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n
If this production is commingled wi	M 20 26N 2W th that from any other lease or pool,		08-10-59 R-4967
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back. Same Restv. Diff. Restv
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gos Pay	Tubing Depth
Perforations		·	Depth Cosing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fier recovery of total volume of load oil a pth or be for full 24 hours)	
Dote First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	e, esc.)
Length of Test	Tubing Preseure	Cosing Pressure	Choke,Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble. NOV 3 0 1981	Gar-MCF
		N COM	
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate AMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANC	E		TION COMMISSION
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is trug/and complete to the best of my knowledge and belief.		APPROVED 30 1981. Original Signed by FRANK T. CHAVEZ	
Dove 18 tipe and complete to the best of my anowiedge and belief.		TITLE SUPERVISOR DISTRICT # 3	
(Signalwe) I COPYCOPY MEDDION DESCRIPTION		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
J. GREGORY MERRION, PRESIDENT (Tide) November 18, 1981 (Date)		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 ownewell name or number, or transporter, or other such change of conditions.	