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- 1	U.S.G.S.				
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ļ		GAS	1		
	OPERATOR		1		
	PRORATION OFFICE				
İ	Operator				
	Merrion & B				
	Address				
	В	ox 50	7		
	Reason(s) for filing (Check proper box)				

DISTRIBUTION SANTA FE FILE			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
U.S.G.S. LAND OFFICE TRANSPORTER GAS / OPERATOR /	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAI	_ GAS			
I. PRORATION OFFICE Operator						
Merrion & B	ayless					
Box 507	Farmington, New Mexi	co				
Reason(s) for filing (Check proper box)		Other (Please explain)				
tlew Wali fsecompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Cas Condens					
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND I	FASE					
Lease Name	Well No. Pool Nam	ne, Including Formation	Kind of Lease			
Atlantic	1 S B1	anco Pictured Clif	fs State, Federal or Fee State			
0 700	Feet From The South Line	e and 1470 Feet Fr	om The East			
, , , , , , , , , , , , , , , , , , , ,		457	. Amaib o			
Line of Section 32 , Tow	nship 26N Range	OW , NMPM, KI	O APPIDA County			
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to which a	oproved copy of this form is to be sent)			
Name of Authorized Transporter of Cas		Address (Give address to which appropriate Farmington, New York)	proved copy of this form is to be sent)			
El Paso Natural	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
If well produces oil or liquids, give location of tanks.		No	waiting pipeline conn			
	h that from any other lease or pool,	give commingling order number:				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Resty, Diff. Resty			
Designate Type of Completic	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.			
Date Spudded April 26 66	May 19 66	3408	3 3 6 5			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
S Blanco	Pictured Cliffs	2328	2250 Depth Casing Shoe			
2328-2352 3467						
		CEMENTING RECORD	22015 05115117			
HOLE SIZE	CASING & TUBING SIZE 8-5/8"	1261	SACKS CEMENT			
$\frac{12-\frac{1}{6}n}{6-3/4}$	0-5/0" 4-\frac{1}{2}"	34071	180			
	-	22501				
VI MYSOM DAMA AND DYSOVIEGO E	1-\frac{1}{4}" IJ tubing	fter recovery of total valume of load	loil and must be equal to or exceed top allow			
V. TEST DATA AND REQUEST F OIL WELL	TEST DATA AND REQUEST FOR ALLOWABLE (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 (Flow, pump, g	eccives as lift, etc.)			
Cength of Test	Tubing Pressure	Casing Pressure	RELEIVED			
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	JUN 27 1966			
			OIL CON. COM.			
GAS WELL			Gravity of Condensate			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
9185 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure	Casing Pressure	Choke Size			
Back Pressure	359	283	3/4"			
VI. CERTIFICATE OF COMPLIAN			RVATION COMMISSION			
I hereby certify that the rules and	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		27 1366 , 19			
Commission have been complied	with and that the information given e best of my knowledge and belief.	BY Original Signed by A. R. Kendrick				
	1	TITLE PETROLEUM ENGINEER DIST. NO. 3				
	# L	11	in compliance with RULE 1104.			
	Day (-		allowable for a newly drilled or deepend			

(Signature)

(Title) June 24, 1966 (Date) 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Sections Forms C-104 must be filed for each pool in multiple of the section of the