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LAND OFFICE	
TRANSPORTER	OIL #
	GAS 1
OPERATOR	2
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

**I. Operator**  
**J. Gregory Merrion and Robert L. Bayless**  
**Address**  
**P. O. Box 1541, Farmington, New Mexico 87401**  
**Reason(s) for filing (Check proper box)**  
 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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Fee	Lease No.		
Old Rock Com	1	Ballard Pictured Cliff	State, Federal or Fee	U.S.A.	NM 0558141		
<b>Location</b>							
Unit Letter	0	790 Feet From The	S	Line and	1850 Feet From The	E	
Line of Section	28	Township	25N	Range	6W	NMPM, Rio Arriba	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Corp.</b>	<b>Farmington, New Mexico 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	waiting on pipeline

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
January 31, 1971	April 22, 1971	2705	2647					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
666 GL	Picture Cliff	2509	2550					
Perforations			Depth Casing Shoe					
			2662					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 7/8	7 5/8	100	100					
6 3/4	3 1/2	2662	190					
	1 1/4	2550						


**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 greater than 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, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			APR 25 1972
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			CON. COM. DIST. 3

<b>GAS WELL</b>			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2291	3 hours	0	0
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Pitot	592	592	3/4

**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)  
**Operator**  
 \_\_\_\_\_ (Title)  
 4-24-72  
 \_\_\_\_\_ (Date)

OIL CONSERVATION COMMISSION  
 APR 25 1972, 19\_\_\_\_\_  
 APPROVED \_\_\_\_\_  
 BY Original Signed by Emery C. Arnold  
 \_\_\_\_\_  
 TITLE SUPERVISOR DIST. #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.