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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
Box 1541, 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Western	Well No. 2	Pool Name, including Formation Gallegos Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. SF-078897
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 7 Township 26North Range 11 West , NMPM, San Juan 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
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) Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twp. 26N	Rge. 11W	Is gas actually connected? Yes	When April, 1974

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-9-74	Date Compl. Ready to Prod. 2-23-74	Total Depth 5332	P.B.T.D. 5284					
Elevations (DF, RKB, RT, GR, etc.) 6122 DF	Name of Producing Formation Gallup	Top Oil/Gas Pay 5004	Tubing Depth 5215					
Perforations 5004-10, 5022-27, 5110-15, 5132-37, 5188-93, 5250-55			Depth Casing Shoe 5332					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	10 3/4, 32.75#		182'		150			
9 7/8	7 5/8, 26.40#		4155'		250			
6 3/4	5 1/2, 15.50#		5332'		300			
6 3/4	5 1/2, 15.50#		1722'		120			

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)

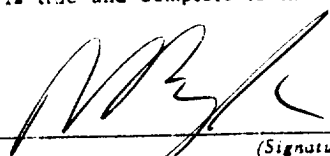
Date First New Oil Run To Tanks 3-27-74	Date of Test 3-27-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure --	Casing Pressure -- 30	Choke Size --
Actual Prod. During Test 19	Oil-Bbls. 18	Water-Bbls. ---	Gas-MCF 70

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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)

7-23-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 31 1974**, 19

Original Signed by **Emery C. Arnold**

BY **Emery C. Arnold**

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.