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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Operator J. Gregory Herrion and Robert L. 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"/> Dry Gas <input checked="" type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaco	Well No. 7	Pool Name, Including Formation WAW Fruitland Pic. Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SP080238A
Location				
Unit Letter M	790	Feet From The South Line and 790	Feet From The West	
Line of Section 1	Township 26N	Range 13W	NMPM, San Juan	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)	
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	No	As soon as possible.

If this production is commingled with that from any other lease or pool, give commingling order number: **R-5359**

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 04/04/77	Date Compl. Ready to Prod. 02/15/78	Total Depth 1320 ft.		P.B.T.D. 1277 ft.					
Elevations (DF, RKB, RT, GR, etc., 6015 ft. GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1223 ft.		Tubing Depth NA					
Perforations 1223'-24', 1210'-12', 1186'-90'				Depth Casing Shoe 1307 ft.					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 7-7/8" 4-3/4"	CASING & TUBING SIZE 5-1/2" 2-7/8"		DEPTH SET 40.5 ft. 1307 ft.		SACKS CEMENT 6 100				

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)

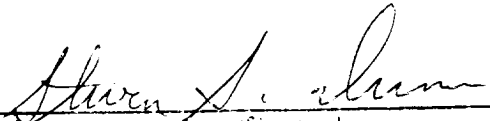
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 30	Length of Test 1 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 275 PSIG	Choke Size 1/8"

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.


Engineer
11-06-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed
TITLE SUPERVISOR DIST.

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.