	SANTA FE	11	· [				FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-11				
	FILE	/					AND				Effective 1-1-65	5			
	U.S.G.S.			AUTHORI	ZATIO	N TO TR	ANSPORT (	ONA IIC	NATURAL G	ΔS					
	LAND OFFICE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		) IL, / II I	WATOKAL O	'A3					
	TRANSPORTER OIL														
	GAS	/	]												
	OPERATOR	2													
N.	PROPATION OFFICE														
	Operator				_										
	J. Gregory Merrio	n a	nd Rob	ert L.	Bayle	ess		·							
	Address			)D/ C	7/01										
	P.O. Box 1541, Fa			NM 8	37401		10	than (Plane							
	Reason(s) for filing (Check pro	oper o		~			١٥	ther (Pleas	e explain)						
	New Well X			Change in Tr Dil		Dry G	as X				•				
	Recompletion Change in Ownership		Casinghead (	-ae 🗀	Conde	H									
	Change in Ownership			, da Inglieda (	303		isate []			<del></del>	·····	<del></del>			
	If change of ownership give														
	and address of previous own	er			<del></del>						· · · · · · · · · · · · · · · · · · ·	<del></del>			
11	DESCRIPTION OF WELL	ESCRIPTION OF WELL AND LEASE													
11.	Lease Name	U LEAN	#ell No.; Po	, Including F	ormation Kind of Lease				Lease No.						
	Chaco			11	NIPP	Picture	Cliff		State, Federal	or Fee	Federa1	SF080238A			
	Location						*		<del>*</del>			*			
	Unit Letter E	7 1050 Novil 1 990 West													
	Onit Letter		1020	, eet 1 10 1		101_LIL_ =	,								
	Line of Section 1	т	Cownship	26N		Range	13W	, NMPN	, Sa	n Juar	ı	County			
		<del></del>													
III.	DESIGNATION OF TRANS	SPO	RTER O	F OIL AN	ND NA	TURAL GA	AS								
	Name of Authorized Transporte	er of C	D11 🗀	or Cond	ensate (		Address (Gr	ve address	to which approv	ed copy o	of this form is to	be sent)			
	1	_													
	Name of Authorized Transporte	er of C	Casinghea	d Gas 🗀	or Dry	Gas 💢	•				of this form is to	be sent)			
	El Paso Natural G	as (	Compan	у			P.O. Box 990, Farmington, NM 87401								
	If well produces oil or liquids,		Unit	Unit Sec. Twp. Rge.			Is gas actua	Is gas actually connected? When							
	give location of tanks.		no As soon as possible.					re.							
	If this production is comming	gled v	with that	from any o	ther lea	se or pool,	give commin	igling orde	r number:						
IV.	COMPLETION DATA			- C (1 N	(/all	Gas Well	New Well	Workove:	Deepen	Plug Bo	ck   Same Bes!	v. Diff. Res'v.			
	Designate Type of Completion			- (Y)			1			. 129 Back to some the street to					
	Date Spudded	<u> </u>		Compl. Read	ty to Pro	! X	Total Depth	<u> </u>		P.B.T.0	).	<del></del>			
	9-10-77		Date	9-19			130				.274 <b>'</b>				
	T				tion	1 Top Oil/Gas Pay			Tubing Depth						
	5987 G.R.			Name of Producing Formation Picture Cliff				1202'			NA				
	Perforations			icture	01.111		1202			Depth Casing Shoe					
	1202'-18'									12	.97 <b>'</b>				
	1202 10		TUR	ING. C	ASING AN	D CEMENTIN	IG RECOR	D	····	· · · · · · · · · · · · · · · · · · ·					
	HOLE SIZE		T .	CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT			
	7-3/4"		5-1/2", 15.5 lb./ft.				42 ft			6 sx.					
	4-3/4"		2-7/8" 6.4 lb./ft.				1297 ft.			125 sx.					
				.,,											
										i					
v	TEST DATA AND REQUE	EST	FOR AI	LOWABL	E IT	st must be a	fer recovery	of total volu	me of load oil a	nd must b	se equal to or ex	reced top allow-			
• •	OIL WELL				ab	le for this di	epsh or be for s	'ull 24 hours	r)						
	Date First New Oil Run To Tar	nks	Date	te of Test			Producing M	Producing Method (Flow, pump, gas lift,			etc.)				
										·					
	Length of Test		Tubin	g Pressure			Casing Pres	sure		Choke S	ize				
							ļ			6== 446	\E				
1	-Actual Prod. During Test		011-3	ible.			Water-Bbls.			Gas-MC	,r				
										<u> </u>					
	GAS WELL					12: 2 7 ::				-1.61	<del></del>				
	Actual Prod. Test-MCF/D	Lengt	h of Test			Bbla. Condensate/MMCF			Cravity	of Condensate					
	1236		1	HR			   Castra 5:	•	-(n)	Choke S					
	Testing Method (pitot, back pr.	•				n )	Casing Pressure (Shut-in) 236 psig			1	1"				
l	Back Pressure						1			1					
VI.	CERTIFICATE OF COMPLIANCE							OIL (	CONSERVA	TION C	COMMISSION	ł			
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given						400-0-	en			,	19			
							APPROVED . 19								
	Commission have been company above is true and complete	been complied with and that the information complete to the best of my knowledge				and belief.	ion given de life filadoff			10 16					
	source to time and complete to the book of my minutes and bestern														

## VI.

,	
' _	Mewon X elunn
	(Signature)
	Engineer
<del></del>	(Title)
	9-27-77

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.