NO. OF COMISS NEED		4	
DISTRIBUTION		,-	
SANTA FC			
FILE			
U.S.G.S.			
EANN OFFICE	OIL	 -	
FRANSPORTER	GAS	1	
OPERATOR			

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE FRANCEORTER GAS OPERATOR PHORATION OFFICE Operator J. Gregory Merrion and Address P.O. Box 507, Farmingt Reason(s) for filing (Check proper box) New Well	REQUEST AUTHORIZATION TO TRA Robert L. Bayless on, NM 87401	OHSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL O	Ellective 1-1-65	
. 11.	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND 1 Lease Name Bartlesville	Oil Dry Ga Casinghead Gas Conden	permation Ext Kind of Lease	1	
11.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		n Juan County	
'V .	Name of Authorized Transporter of Gil Name of Authorized Transporter of Cas El Paso Natural Gas Co If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA	or Dry Gas X. Unit Sec. Twp. Rge. h that from any other lease or pool,	P.O. Box 990, Farmingto Is gas actually connected? NO Asgive commingling order number:	n, NM 87401	
	Designate Type of Completion Date Spudded 8/30/78 Elevations (DF, RKB, RT, GR, etc., 6046 ft. G.L. Perforations 1138-44 ft., 1256-63 ft.	Date Compl. Ready to Prod. 9/13/78 Name of Producing Formation Fruitland/Pic. Cliffs t.	Total Depth 1350 ft. G.R. Top Oil/Gas Pay 1138/1256 ft. CEMENTING RECORD DEPTH SET	P.B.T.D. 1238 ft. G.R. Tubing Depth Depth Casing Shoe 1336 ft. SACKS CEMENT	
	8-3/4" 5'	7" 2-7/8"	31 ft. 1348 ft.	150 and must be equal to or exceed top allow-	
v.	TEST DATA AND REQUEST FOOII. WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Producing Method (Flow, pump, gas light Casing Pressure Water-Bble.	Gul MCF 1978	
	GAS WELL Actual From Yest-MCF/D 200 MCF/day Testing Method (pitot, back pr.) Back Pressure	Length of Test 6 hours Tubing Presewe (Shut-in) 0	Bbls. Condensate/MMCF O Casing Pressure (Shut-in) 232 PSIG	Choke Size 3/4" ATION COMMISSION	
7.	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. (Signuture)		APPROVED BY Original Signal 4. The Especials TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with MULE 1104. If this is a request for sllowable for a newly drilled or despendently, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		

Engineer

(Title) 9-15-78

(Dute)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections 1, 11, 111, 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.