	e e e e e e e e e e e e e e e e e e e	٦					/
	REQUEST			CONSERVATION COMM FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
1.	U.S.G.S. LAND OFFICE I HAMMFORTER OIL GAS / OPERATOR PRORATION OFFICE	ANSPORT OIL AND	NATURAL GAS	3760			
	J. Gregory Merrion & Robert L. Bayless						
	Address P.O. Box 1541, Farmington, NM 87401 Reasun(s) for filing (Check proper box) New Well X Change in Transporter of: Recompletion Oil Dry Go Change in Ownership Casinghead Gas Conden						
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND	LEASE	Pool Name, Including	Formation	Kind of Lease		Lease No.
	Lease Name Southland	2Y	WAW Fr./Pic.		State, Federal or F	•• Federal	NM12235
	Location O 790 Feet From The South Line and 1850 East Unit Letter Feet From The East						
	2	waship 26N	Rang e	13W , NMPN	,, S	an Juan	County
II.	DESIGNATION OF TRANSPOR	TER OF OIL	AND NATURAL G	AS Aidress (Give address	to which approved co	opy of this form is to	be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Name of Authorized Transporter of Casinghead Gas or Dry Gas X P.O. Box 990, Farmington, NM 87401						
	El Paso Natural Gas Company Unit Sec. Twp. Pge.			ls 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:						
V. COMPLETION DATA Designate Type of Completion - (X) Only Well Gas Well New Well Workover Deepen Plu X X X X					g Back Same Res	v. Diff. Res'v.	
	Date Spudded	Date Compl. F	leady to Prod.	Total Depth		3.T.D.	
	03-26-80 Elevations (UF, RKB, RT, GR, etc.)	Name of Produ	16-80	Top Oil/Gas Pay		Tubing Depth	
	6121 GL Perforations	Pictur	ed Cliffs	1292'	De;	Depth Casing Shoe	
	1292-1297' TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE		DEPTH 5	ET	sacks cement 50 sacks	
	9-3/4"	· · · · · · · · · · · · · · · · · · ·		1345'		125 sacks Econofil &	
			2 2 /411	12441		50 sacks Neat	
•,	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or he for (ull 24 hours)						
v .	OIL WELL Date First New Oil Bun To Tanks	Date of Test	able for this c	Freducing Method (Flot	·		
	Length of Test	Tubing Press	ur e	Casing Pressure	Che	Choke Size	
	Actual Prod. During Test	Oil-Bbls.		Water-Bble.	Gaj	F-MCF	
j		1		<u></u>		MAY 19198	2
į	Actual Frod. Tost-MCF/D	Length of Tee		Bbls. Condensate/MMC	F C	-DIST. 3	M. /
	150 Testing Method (pitot, back pr.)	Tubing Press	l hr.	Casing Pressure (Shut	:-in) Ch		
	Back Pressure	J	PSIG	<u> </u>	CONSERVATIO	NI COMMISSION	
	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION			

Ί.

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)

Eng<u>ineer</u> (Ful•) 05-16-80

(Date)

APPROVED. Original Signed of PRANK T. CHAVEZ 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 NULE 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.