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	GAS	✓
OPERATOR		✓
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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

30-045-23839

Operator J. Gregory Merrion & Robert L. Bayless	
Address P.O. Box 1541, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ruby	Well No. 1	Pool Name, including Formation WAW Fr./Pic. Cliffs	Kind of Lease State, Federal or Fee	Navajo Allotted	Lease No. NOO-C-14-20-7470
Location Unit Letter C • ; 790 Feet From The North Line and 1790 Feet From The West Line of Section 34 Township 26N Range 12W , 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 Co.	P.O. Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 02-20-80	Date Compl. Ready to Prod. 04-02-80		Total Depth 1300'		P.B.T.D. 1267'			
Elevations (DF, RKB, RT, GR, etc.) 6178' GL	Name of Producing Formation Pic. Cliffs		Top Oil/Gas Pay 1151'		Tubing Depth none			
Perforations 1151-1156'					Depth Casing Shoe none			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-3/4"	7"		101.5'		30 sacks			
5"	2-7/8"		1298.5'		80 sacks Econofill & 50 sacks neat.			

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)

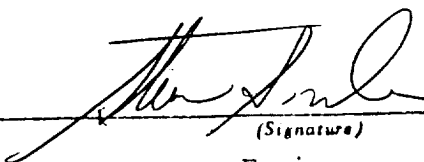
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 150	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Producing Method (Flow, pump, gas lift, etc.)
Testing Method (piston, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 205 PSIG	Choke Size 1 1/2"

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)
Engineer
(Title)
04-07-80
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 10 1980, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

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.