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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

B.K.

I. Operator
J. Gregory Merrion and Robert L. Bayless
Address
P.O. Box 507, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
Other (Please explain)
Reactivated Temporarily Abandoned Well
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|------------------------------------|
| Lease Name Navajo H | Well No. 3 | Pool Name, including Formation Totah Gallup | Kind of Lease State, Federal or Fee Indian | Lease No. 14-20-603-2198 |
| Location Unit Letter 0 ; 510 Feet From The South Line and 1980 Feet From The East Line of Section 13 Township 29N Range 14W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation | Address (Give address to which approved copy of this form is to be sent) 5101 East Main, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA NO CHANGE

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|--------------------------------------|-----------------------------|----------|-----------------|-------------------|--------|--------------|-------------|--------------|
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 June 1, 1976 | Date of Test June 1, 1976 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure 20 | Casing Pressure 20 | Choke Size --- |
| Actual Prod. During Test | Oil - Bbls. 2 | Water - Bbls. 40 | Gas - MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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.

RECEIVED
JUL 13 1976
DIST 3

J. Gregory Merrion

 Operator (Signature)

 Operator (Title)
 July 12, 1976

 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 13 1976, 19____
 Original Sign _____
 BY _____
 TITLE ADMINISTRATIVE ASSISTANT #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.