	NO OF CORES PECCHAGO	_		1	**			
	DISTRIBUTION	2	<u> </u>					
	SANTA FE	7			N	EW ME	XICO C	
	FILE	1				ſ	REQU	
	U.S.G.S.	<del>'</del>			TUODE			
	LAND OFFICE			AL	JTHORI:	ZATIO	סו אפ	
	OIL							
	TRANSPORTER GAS	7						
	OPERATOR	2						
I.	PRORATION OFFICE							
	Operator							
	J. Gree	ory	Me	rrion	and R	. L.	Bayl	
	Address							
	Box 507, Farmington, New Mexico Reason(s) for filing (Check proper box)							
	New Well	roper	oox j		<i>(</i> -			
	Recompletion			Oil	nge in Tro	maporte	roi: D	
	Change in Ownership X				inghead G	,, ⊣	C	
	, , , , , , , , , , , , , , , , , , , ,							
	If change of ownership give and address of previous ow	ner_	ne	La	Plata	Gath	erin	
II.	DESCRIPTION OF WEL	L A	ND I	EASE				
	Lease Name			Lec	se No.	Well 1	No. Po	
	Gibbens			05	58223	1		
	Location							
	Unit Letter L	;	255	8 Fee	t From Ti	1e	S	
	Line of Section 20		Tow	nship	32N		Range	
III.	DESIGNATION OF TRA	NSP	ORT	ER OF				
	Name of Authorized Transpor	ter of	OH		or Conde	nsate (	J	
	Name of Authorized Transpor	ter of	Can	nahead C	~-	Dave	C (70	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Co.							
	· · · · · · · · · · · · · · · · · · ·		Gas	Unit	Sec.	Twp.	Rge	
	If well produces oil or liquids give location of tanks.	١,			1		1	
	If this production is commir	- alad		that for		<u> </u>		
IV.	COMPLETION DATA	Ried	. W10	i that he	·			
	Designate Type of Co	mpl	etio	-(X)	Oil W	•11	Gas We	
	Date Spudded			Date Con	npl. Ready	to Pro	d.	
	·				•			
	Elevations (DF, RKB, RT, GF	R, etc	٠.;	Name of	Producing	Format	ion	
	Perforations		i					
			TUBI	NG, C	SING,			
	HOLE SIZE			CA	SING & T	UBING	SIZE	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test mu able for							
	Date First New Oil Run To To	anks		Date of 7	ost.			
	Length of Test			Tubing Pressure				

## OIL CONSERVATION COMMISSION

Form C-104

FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL G				
LAND OFFICE						
TRANSPORTER GAS /	-	•	COLIVE			
OPERATOR 2			ofl, rivto			
PRORATION OFFICE Operator	1		/ Kror:			
J. Gregory M	errion and R. L. Bayless		FFB 2 4 1969			
Box 507, Far	mington, New Mexico		OIL CON. COM.			
New We!1	Change in Transporter of:	Other (Please explain)	DIST. 3			
Recompletion	Oil Dry Go	<del>                                      </del>				
Change in Ownership	Casinghead Gas Conde	nsate				
If change of ownership give name and address of previous owner	La Plata Gathering S	ystem				
DESCRIPTION OF WELL AND						
Cibbens	60	me, Including Formation	Kind of Lease State, Federal or Fee			
Location	(0) 00223 1 1 Dax	ota	Fed.			
Unit Letter L; 25	58 Feet From The S Lir	ne and 400 Feet From Ti	ne W			
Line of Section 20 Tov	vnship 32N Range	5W , NMPM, Rio A	rriba County			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs				
Name of Authorized Transporter of Oil		Address (Give address to which approve	d copy of this form is to be sent)			
Name of Authorized Transporter of Cas	linghead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)			
El Paso Natural Gas		Box 1492, El Paso, Texas				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When				
If this production is commingled wit	h that from any other lease or pool	give commingling order number				
COMPLETION DATA	Oil Well Gas Well		Plus Park   Const.   Pure   Pure			
Designate Type of Completio		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			
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-			
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	•			
Date : Not New On Num 10 1 dike	First New Oil Run To Tanks Date of Test		10.7			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gda-MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
CERTIFICATE OF COMPLIANC	CE	OIL CONSERVAT	TION COMMISSION			
I hereby certify that the rules and re		APPROVED	FEB 2 4 1969			
Commission have been complied w above is true and complete to the		By Original Signed by Emery C. Arnold				
		TITLE SUPER	VISOR DIST. #3			
The state of the s		This form is to be filed in co				
(Signa	ture)	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 allow-				
	rator					
(Titl 2-1	(e) .9–69	able on new and recompleted well	6.			
(Dai		Fill out only Sections I, II, well name or number, or transporter	III, and VI for changes of owner, or other such change of condition.			

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.