NO. OF COPICS RECEIVED		16	
		1	1
SANTA FE		17	
FILE		17	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1/	
OPERATOR		3	
PROBATION OFFICE			

(Date)

SANTA FE /		T FOR ALLOWABLE	ON Form C-104 Supersedes Old C-104 and C-11	
U.S.G.S.		AND Elfective 1-1-65		
LAND OFFICE	AUTHORIZATION TO T	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
TRANSPORTER OIL				
GAS /				
OPERATOR 3		•		
PRORATION OFFICE			- OCILA	
J. Gregory Merrion	n and Robert L. Bayless		RELIVED	
P. O. Box 1541, F	armington, New Mexico		1071	
Reason(s) for filing (Check proper	box)	Other (Please expl	ain/ NOV 3 1971	
New Well	Change in Transporter of:		OIL CON. COM.	
Recompletion XX Change in Ownership	Oil Dry (= 1	DIST. 3	
Change in Ownership	Casinghead Gas Cond	lensate	0.07	
If change of ownership give nam and address of previous owner _	e			
DESCRIPTION OF WELL AN				
Gibbons	Well No. Pool Name, Including 1 Undesignated	1	of Lease No.	
Location	1 Undesignated	Ga.LLup State	, Federal or Fee Federal 079222	
Unit Letter L ;	2558 Feet From The South L		<u></u>	
	- Peet From Ine	Ine and 400 Fe	et From The Wesf	
Line of Section 20	Township 32N Range	5W , NMPM,	Rio Arriba County	
			County	
DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G			
Number of Mulhorized Transporter of	OII or Condensate	Address (Give address to whi	ch approved copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas XX	Address (Cine address on all		
El Paso Natural Ga			ch approved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 990, Farmingto	on, New Mexico 87401	
give location of tanks.		yes	1964	
If this production is commingled	with that from any other lease or pool			
COMPLETION DATA	The train any other rease of poor	, give comminging order numb	per:	
Designate Type of Comple	tion — (X)	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	- <u> </u>	х	
October 4, 1971	November 1, 1971	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	7956 Top Oil/Gas Pay	7400*	
6287 GL	Gallup	66001	Tubing Depth	
Perforations			71551 Depth Casing Shoe	
6600' to 66	16'; 7080' to 7122'; 7138	' to 7176'	7956'	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	8 5/8	1016	500 sack	
7 7/8	5 1/2	7956	400 sack	
	2" EUE	7155		
TEST DATA AND REQUEST	EOD ALLOWANTE AT .			
OIL WELL	POR ALLOWABLE (Feet must be a able for this de	ifter recovery of total volume of li epth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbis.	Wasse Shill		
Total Paring 1 421	Oli-Bbis.	Water - Bble.	Gas-MCF	
		<u></u>		
as well				
Actual Prod. Test-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate	
500 MCF	24 hours	none	none	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back press	3000	3000	1"	
ERTIFICATE OF COMPLIA	NCE	OIL CONSI	ERVATION COMMISSION	
		<u>[</u>]	NOV 3 1971	
reby certify that the rules and regulations of the Oil Conservation				
bove is true and complete to th	mission have been complied with end that the information given e is true and complete to the best of my knowledge and belief.		ed by Emery C. Arnold	
	4	SUPERVISOR DIST #3		
1111	1-1	TITLE SUPERVISOR DIST #0		
/ SakesX A	36. E	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation		
1 July 1	nature)			
Operator			companied by a tabulation of the deviation accordance with RULE 111.	
00010001	(cle)		rm must be filled out completely for allow-	
November 2, 1971	·	able on new and recomplet	ted wells.	

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Renerate Forms C-104 must be filed for 4848 Past in multiply