HO. OF COMIES RECEIVED			15		
DISTRIBUTION			i		
SANTA FE					
FILE		/	(
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
I A A A A A A A A A A A A A A A A A A A	GAS	1			
OPERATOR					
PROPATION OFFICE					

	SANTA FE /	1	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
	U.S.G.S.							
	LAND OFFICE	AUTHORIZATION TO TRA	ANSFORT OIL AND	NATURAL GA	ა			
	Toil 7							
	TRANSPORTER GAS /							
	OPERATOR							
	PROBATION OFFICE							
ı.	Operator							
	J. Gregory Merrion and Robert L. Bayless Address P. O. Box 507, Farmington, New Mexico 87401							
	Reason(s) for filing (Check proper bo		Other (Pleas	e explain)				
	New We!l Change in Transporter of:							
	Recompletion XX	Cil Dry Go	as T					
	Change in Ownership							
	Change in Owner on PL							
	If change of ownership give name							
	and address of previous owner			·				
	DECORPTION OF WELL AND) I EACE						
11.	Lease Name	CRIPTION OF WELL AND LEASE Well No., Pool Name, Including Formation Kind of Lea				Lease No.		
		l Mesa Verde	State, Fede		^{r Fee} Fee			
	Location					· 4		
		000 %	. 000		g			
	Unit Letter;;	990 Feet From The E Lin	ne and	Feet From The	·			
	25	20N B	12W , NMPH	ر. San Jua	m	County		
	Line of Section 35 T	ownship 30N Range	1ZW , MMF	v Dan Juan	[]	County		
		nmen or out AND NATURAL CA	16					
III.	Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address	to which approved	leapy of this form is to	be sent)		
	i					·		
	Permian Corporation Name of Authorized Transporter of Casinghead Cas or Dry Gas El Paso Natural Gas Company Unit Sec. Twp. Rge. Is gas actually connected?			to which approved	oved copy of this form is to be sent)			
					· ·			
	If well produces oil or liquids,			.001	1061			
	give location of tanks.	P 35 30N 12W	Yes		1961			
	If this production is commingled w	with that from any other lease or pool,	give commingling orde	r number:				
IV.	COMPLETION DATA		New Well Workover		Plug Back Same Res	v. Diff. Restv.		
	Designate Type of Complet	ion - (X)	1	1 1	and Edda Same Hou	!		
			X X		X P.B.T.D.	S		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	*	F.BD.			
	February 10, 1972	March 1, 1972	3800 Top Oil/Gas Pay		Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	•						
	5911 GR	Mes a Verde	3762		3780 Depth Casing Shoe			
	Perforations				Depth Casing Shoe			
	3766-80							
		TUBING, CASING, AND						
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEM	ENT		
	12 1/4	8 5/8	301 6760		200			
	7 7/8	4 1/2			325			
		2 3/8 3780						
			<u> </u>					
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total vol	ume of load oil and	I must be equal to	need top allow-		
•	OIL WELL	able for this de	epth or be for full 24 hour Producing Method (Flo					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F to	w, pump, gas iiji,	""	IVIN		
	Length of Test	Tubing Pressure	Casing Pressure	'	Choke Size APR 1	8 1070		
						o 19/2		
	Actual Prod. During Test	Oii-Bbis.	Water-Bbls.		OIL CON. COM.			
					TIST.	. 3 /		
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate			
	312	24	0		0			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	:-in)	Choke Size			
	Pitot	70 0	700		2"	<u></u>		
4/4	CERTIFICATE OF COMPLIA		OIL	CONSERVAT	ION COMMISSION	4		
VI.	CERTIFICATE OF COMPETA	NO.		ΔPR	1972			
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	/II IV		19		
	A	Ontoinel	By Original Signed by Emery C. Arnold					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY CITETION		mery U. APROIC	<i>4</i> ¬		
		TITLE	SUP	ERVISOR DIST.	··			
	This form is to be filed in compliance with RULE 1100. If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.							
				, 1104, whose december d				
		2/	I want this form mus	at he accompanie	ed by a tabulation of	[[U& GeATELTON		
		nature)	tests taken on the	well in accorda	NCS WILL HALF III	•		
	Operator		All sections of this form must be filled out completely for allow-					
	(1	able on new and re	ecompleted wells	B.				
	April 17, 1972		Fill out only Sections I. II. III, and VI for changes of owner,					

(Date)

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.