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LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR		
PRORATION OFFICE		

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

~~ATTENDED REQUEST~~

Operator J. Gregory Merrion and Robert L. Bayless	
Address P.O. Box 507, Farmington, New Mexico 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 checked="" 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 Jicarilla Contract 428	Well No. 2	Pool Name, including Formation Undesig. Dakota-Gallup	Kind of Lease State, Federal or Fee Indian	Lease No. 428
Location: Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>23N</u> Range <u>4W</u> , NMPM, <u>Sandoval</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31
	Twp. 23N	Rge. 4W
	Is gas actually connected?	When
	no	being connected now

If this production is commingled with that from any other lease or pool, give commingling order number: R5214

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 08-15-75	Date Compl. Ready to Prod. 12-18-75	Total Depth 6662'	P.B.T.D. 6563'					
Elevations (DF, RKB, RT, GR, etc.) 6856 K.B.	Name of Producing Formation Dakota-Gallup	Top Oil/Gas Pay 5162'	Tubing Depth 6350'					
Perforations 4404-4412, 4248-4254, 5162, 5172, 5196-5221, 5313-5349, 5394-5458, 5544-5546, 5564, 6044-6048, 6252-6257, 6339, 6358, 6372-6375	Depth Casing Shoe 6631'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	230'	125 sx					
7-7/8"	2-7/8"	6631'	1204 sx					

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)

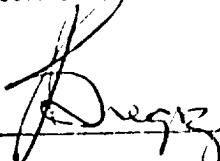
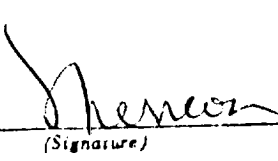
Date First New Oil Run To Tanks 12-18-75	Date of Test 09-13-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure 30 PSIG	Choke Size
Actual Prod. During Test	Oil - Bbls. 38	Water - Bbls. ---	Gas - MCF 70

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


Co-Owner

(Signature)
(Title)
April 14, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 15 1977, 19
Original Signed by J. P. Fordrick
BY SUPERVISOR
TITLE

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.