1	NO OF COMES RELE	TIVEO	15		
	DISTRIBUTION				
	SANTA FE				
	FILE				
	U.S.G.S.				
	LAND OFFICE				
1.	TRANSPORTER	OIL	1		
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator				
	J. Gregory Merrion and				
	Audress				
	P.O. Box 507 Farmingt				

Feb. 11, 1977

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Succeedes Old C-104 and C-110

}	SANIAFE	REQUEST	FOR ALLOWABLE	Effective 1-1-65				
}	FILE		AND	0.45				
}	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS				
ŀ	OIL	1						
1	TRANSPORTER GAS							
ŀ	OPERATOR 2							
1.	PRORATION OFFICE	1						
•	Operator	ator						
		. Gregory Merrion and Robert L. Bayless						
	udress 07/01							
	P.O. Box 507, Farmington, N.M. 87401 Other (Please explain)							
	Reason(s) for filing (Check proper box)	Change in Transporter of:	One (Lieuse explain)	Other (Please explain)				
	Recompletion X	Oil Dry Ga	Request for Al	lowahle				
	Change in Ownership	Casinghead Gas Conden	[] ! ·	TOWADIC				
ı	en nige in Gwilei on p							
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including Fo	4					
	Canyon Largo Unit	122 Devils Fork Me	esa Verde State, Feder	dler Fee Federal SF078877				
	Location							
	Unit Letter 0 : 79	PO Feet From The South Line	e and 1650 Feet From	The <u>East</u>				
	^	. 0/3	g summer met e					
	Line of Section 8 Tov	anship 24N Range 6V	, NMPM, Rio A	rriba County				
	PROPERTY OF TRANSPORT	TED OF OIL AND NATURAL GA	S					
II. 	Name of Authorized Transporter of CI	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)				
	Permian Corporation		:					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unit Sec. Twp. P.ge.	Is gas actually connected?	hen				
	If well produces oil or liquids, give location of tanks.	P 8 24 6	no					
	To this production is commingled wi	th that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA			1- 2 1 2 1 2 1 2 1				
• •		Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Restv. Diff. Restv.				
	Designate Type of Completion		1	X				
	Date Spudged	Date Compl. Ready to Prod.	Total Depth	5220' DF				
			5575	Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	4380' KB				
	6506 KB	Mesa Verde	4270 '	Depth Casing Shoe				
i	Perforations							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	11"	8-5/8"	178	172				
	7-7/8"	4-1/2"	5570	250				
	7.70							
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-				
٧.	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test		11, 11, 110.)				
	12/2/76	1/6/77	Pump Casing Pressure	Choke Size				
	Length of Test	Tubing Pressure	Cdaing Pleasure					
	24 hours	Oii-Bbis.	Water - Bbls.	Gds - MCF				
	Actual Prod. During Test	26	0	9.3				
		20						
	A A C. HIST Y							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
				4.5				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chexa Stz				
				Vail				
/¥	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION				
١.	CENTIFICATE OF COMPLIAN	-	APPROVED BY ONGMAL SIGNED BY M. E. MAXWELL, JR. TITLE This form is to be filed in compliance with RULE 1104.					
	I hereby certify that the rules and	regulations of the Oil Conservation						
	a	with and that the information given						
	shove is true and complete to the	e best of my knowledge and belief.						
	1	1 0						
	theren I	lunn	na to a name of the all	owable for a newly drilled or deepened				
	(Sign	ature)	well, this form must be accomp tests taken on the well in acc	namind by a tabulation of the deviation				
	Engineer		All sections of this form b	All sections of this form must be filled out completely for allow-				
	(T	itle)	able on new and recompleted t					
	Feb. 11,	1977	Fill out only Sections I.	II. III, and VI for changes of owner, or other such change of condition.				
		ate)	well name or number, or transporter, or other such change of condition.					