	-	•							/	***	
		٦									
	NO. OF COPIES RECEIVED 5	4									
	DISTRIBUTION	4	NEW ME	KICO OIL (CONSERVAT	TION COMMI	SSION	For	m C-104		
	SANTA FE	_	F	REQUEST	FOR ALL	OWABLE				C-104 and C-1.	
	FILE /	4			AND				ective 1-1-65	•	
	U.S.G.S.	AUTHORIZATION TO TR				OIL AND N	IATURAL (GAS			
	LAND OFFICE	-					*				
	TRANSPORTER GAS /	-									
	OPERATOR 2	7	<i>t</i>								
ı.	PRORATION OFFICE	7 <i>L'</i> X	<i>(1</i>								
	Operator Merrion	n & Bayles	38						KLIJ	TVFN	
	Address /									LU	
	Box 1541	Farmingto	n. New	Mexico					JAN 3 1960		
	Reason(s) for filing (Check proper box	_			10	ther (Please	evolain)	-		9 1969	
	New Well	-	n Transporte	r of:	`	711161 1 *CO3C	expluin	/ c	II. CON	0011	
	Recompletion	Oil		Dry G				``.		COM.	
	Change in Ownership	Casinghe	an Gas	Conde	— —			Ì	Z 2/31.	9 /	
				Conde							
	If change of ownership give name and address of previous owner		·			· ·			-		
	DESCRIPTION OF HELL AND		_								
H.	Legse Name	Well No.	Pared Normale	Including F	`ormation		Kind of Leas			Lease No.	
	Rockhouse Canyon	1	- caus	era			State, Federa	ılor Fee F	ederal	NM03010	
	Location						· · · · · · · · · · · · · · · · · · ·	[
	Unit Letter E ; 185	NOTEN 700 Wast									
	1,	0/11									
	Line of Section 11 Tox	wnship 24N	<u> </u>	Range	7W	, NMPM,	Rio A	rriba		County	
II.	DESIGNATION OF TRANSPOR										
	Name of Authorized Transporter of Oil	or Co	ondensate [_	Address (G	ive address to	which appro	ved copy of th	is form is to	be sent)	
					1			······································			
	Name of Authorized Transporter of Cas	singhead Gas Natural Ga	-	Gas [A]	Address (Give address to which approved copy of this form is to be sent) Farmington, N M						
	EI FASO I			15							
	If well produces oil or liquids,	Unit Sec.	. Twp.	P.ge.	1	ally connecte	,		60		
	give location of tanks.	<u> </u>			ye	8		ugust 19		<u> </u>	
	If this production is commingled with	th that from an	y other lea	se or pool,	give commis	ngling order	number:	1			
٧.	COMPLETION DATA		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Bests	. Diff. Resty.	
	Designate Type of Completic				!	, workeyer)	I Frag Back	Calle 1/es.	. Din. Res.v.	
	Date Spudded	Date Compl. E	leady to Dro	X	X Total Depth	<u>.i</u>	<u>i </u>	P.B.T.D.	<u> </u>	<u>i</u>	
	· · · · · · · · · · · · · · · · · · ·	6-21-68 vations (DF, RKB, RT, GR, etc.) 6700 g1 Pictured Cliffs reforations			2271 Top Oil/Gas Pay 2173			2228			
									Tubing Depth		
	-							- 1			
								2207 Depth Casing Shoe			
	2173-78, 2185-98							2260			
					D CEMENTING RECORD			1	PAGNE CTITIES		
	HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	12-74	7-5/8" 4-½			100			100			
	6-3/4				2260		<u> </u>	 	120		
	ilim i g	 	1/4"		2207			 			
	<u></u>				1			1			
V.	TEST DATA AND REQUEST FO	OR ALLOWA:	BLE (Te					and must be s	qual to or ex	ceed top allow	
	OIL WELL	TR 7=	<u> </u>	OIL WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
	Date Lites New Oil Way Lo Lauke	Date of 1est			Producing 1	Method (r.ow,	pap, g				
	Length of Test	Tubing Preseu			Producing I		, , , , , , , , , , , , , , , , , , ,	Choke Size	·	·· <u>-</u>	

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3436	24 hrs	none	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	475	475	3/4"

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.

Rose	er Stank	·
1	(Signature)	
	1-2-69	
	(Date)	

OIL CONSERVATION COMMISSION

APPROVED_				•	JAN 3	1969		
original					-			
TITLE	SUPERVISOR DIST. #3							

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. Separate Forms C-104 must be fited for each pool in musting