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WD. OF COPIES SECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL	I _	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

III.

IV.

MD. OF COPIES SECTIVED	$\neg$	/	C. M. J	
DISTRIBUTION	$\dashv$	/		
SANTA FE	•	CONSERVATION COMMISSION Form C-104		
	REQUEST	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and Effective 1-1-65		
FILE	AND			
U.S.G.S.	_ AUTHORIZATION TO TR	TION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	_			
TRANSPORTER GAS .				
OPERATOR	<b>-</b>			
PRORATION OFFICE	7			
Operator				
J. Gregory Merrion	& Robert L. Bayless			
P.O. Box 507, Farmin	noton. NM 87401			
Reoson(s) for filing (Check proper bo	x)	Other (Please explain)		
New Well XX	Change in Transporter of:			
Recompletion	OII Dry G	Gas 🗍		
Change in Ownership	Casinghead Gas Conde	<u>≒</u> 1		
Change in Owner comp				
I change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including F		i -	
East Lindrith	6 South Blanco	Pic. Cliffs   State, Federa	or Fee Federal 03992	
Location				
Unit Letter K ; 1	710 Feet From The South Lin	ne and 1650 Feet From	The West	
Line of Section 26 To	ownship 24 North Range 2	West , NMPM, Rio	Arriba County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<b>ls</b>		
Name of Authorized Transporter of O	1 or Condensate	Address (Give address to which appro	wed copy of this form is to be sent)	
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas Vi	Address (Give address to which appro	eved copy of this form is to be sent)	
		P.O. Box 990, Farming	rton NM 87/01	
El Paso Natural Gas	Unit Sec. Twp. Pge.		en 0/401	
If well produces oil or liquids,	Onit Sec. Twp. Tige.			
give location of tanks.		No so	oon as possible	
f this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA			Diff Books	
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Complete		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-16-80	6-26-81	3330	3261	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
7300 GL, 7305 KB	Pictured Cliffs	3141		
Perforations			Depth Casing Shoe	
3141, 3143, 3145, 3	206, 3208, 3210, 3212, 32	23, 3225	3293	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
9-3/4"	711	96	50 sx	
	3-1/2"	<del>                                     </del>	150 sx	
5-1/4"		3293	130 SX	
	2.065"		+	
		1	<u> </u>	
TEST DATA AND REQUEST F			and must be equal to or exceed top allow-	
DIL WELL	able for this de	pth or be for full 24 hours)	7	
Octe First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ji, etc.)	
			COLLIN	
Length of Test	Tubing Pressure	Casing Pressure	Chok Star	
-			/ KLULIYLU \	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
··			JUL 7 - 1981	
	1	<u> </u>	E	
CAC WEST			OIL CON. COM.	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contient of	
	1	O		
490 MCF/day	20 hrs		Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	=	
Back Pressure	695 PSIG	695 PSIG	3/4"	
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION	
			- 1001	
hanshu passifu shas sha sulan and	regulations of the Oil Conservation	APPROVED	<u> VIIC 1 − 130 1 18 −−−−−</u>	
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given pove is true and complete to the best of my knowledge and belief.		BY Original Signed by FRANK T. CHAVEZ		
<b>√</b> \	TITLE SUPERVISOR DISTRICT #3			
* rears	1000	This form is to be filed in	compliance with RULE 1104.	
	1 7 /// / #3	If this is a request for allowable for a newly drilled or deepened		

(Signature) <u>Co-Owner</u> (Title)

7-2-81 (Daie)

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 filed for each pool in multiply completed wells.