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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III		
REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION	
TO TRANSPORT OIL AND NATURAL GAS		
Denior	Well API No.	
ROBERT L. BAYLESS	30-039-236	508
	30 037 230	
Address P.O. Box 168, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)  Other (Please explain)		
New Well Change in Transporter of: Effective Octo	ber 1, 1992	
Recompletion Dil Dry Gas	· · · · · · · · · · · · · · · · · · ·	
Change in Operator Casinghead Gas Condensate		
change of operator give name Merrion Oil & Gas Corp., P.O. Box 840, Farmin	gton, NM 8749	99
ad address of previous operator Herriton off a das corp.; 1.0. non 040; Tarimir.	igeony in ort	
I. DESCRIPTION OF WELL AND LEASE		
ease Name Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Rocky Mountain l Undesignated Gallup	State, Federal or Fee	SF-080715A
ocation		
Unit Letter N : 940 Feet From The South Line and 1850	Feet From The	West Line
Section 24 Township 24N Range 2W , NMPM, Rio A	rriba	County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Address (Give address to which a	normed conv of this form	is to be sent)

Name of Authorized Transporter of Oil X or Condensate Gary Williams Energy Corp.					Address (Give address to which approved copy of this form is to be sent) PO Box 159, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Company			Gas							
If well produces oil or liquids, give location of tanks.	Unit N	<b>Sec.</b> 24	Twp. 24N	Rge. 2W	Is gas actually Ye	4	When	4/87		
If this production is commingled with that IV. COMPLETION DATA	from any ot	ner lease or	pool, give	commingl	ing order numl	ber:				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth				
Perforations					I			Depth Casir	ng Shoe	
	-	TUBING,	CASIN	G AND	CEMENTI	NG RECOR	D			
HOLE SIZE CASING & TUBING SIZE		DEPTH SET				SACKS CEM	ENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR	ALLOW A	ABLE	l and must	he equal to or	exceed top allo	wable for the	s de Por bi	for full 24 hou	rs.)·
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			OCT OT	,		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- COH	<del>MCON</del> Digit	

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI.	<b>OPERATOR</b>	CERTIFICATE (	OF CC	<b>MPLI</b>	<b>ANCE</b>
	<del></del>				

I hereby certify that the rules and regulations of the Oil Conservation

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
Wind MG	m		
Signature Kevin H. McCord	Petroleum Eng.		
Printed Name	Title (505) 325-6900		
Date	Telephone No.		

OIL CONSERVATION DIVISION

OCT 0 71992

**Date Approved** 

SUPERVISOR DISTRICT #3

Title\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.