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SANTA FE		1	
FILE			-
Ų.S.Ç.S.			
LAND OFFICE			
I RANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Ì	SANTA FE /	REQUEST FOR ALLOHABLE					Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE	1-1		AND				
- }	U.S.G.S.	 -	AUTHORIZATION TO TRAN	SPORT OIL AND I	NATURAL C	3AS		
}	LAND OFFICE	+-						
1	TRANSPORTER GAS /	$\dagger \neg$						
	OPERATOR /	1						
	PRORATION OFFICE							
*	Operator	-						
	J. Gregory	Mer	rion					
	Address	07	Farmington How Movies	371:01				
	P.O. Box 507, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	-	Change in Transporter of:	_				
	Recompletion XX		Oil XX Dry Gas				į	
	Change in Ownership		Casinghead Gas Condens	ste				
	If change of ownership give na	me						
	and address of previous owner				 			
**	DESCRIPTION OF WELL	ND I	FASE					
11.	Lease Name		Well No. Pool Name, Including For	mation	Kind of Leas		Lease No.	
	NCRA State 14 Devils Fork-Mesaverde State E-1					tate <u> E-1207-1</u>		
	Location			1710		- Fast		
	Unit Letter;	<u> 168</u>	Feet From The South Line	and 1110	Feet From	The East		
	Line of Section 16	Tox	mship 24N Range 6W	, NMPN	, Rio A	rriba	County	
	Line of Section 10							
m.	DESIGNATION OF TRANS	PORT	TER OF OIL AND NATURAL GAS	Address (Give address	to which appro	wed conv of t	his form is to be sent)	
	Name of Authorized Transporter	of Cil	or Condensate	Address to the man can			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Permian Corporati	on	inghead Gas XX or Dry Gas	Box 3119, Mid Address (Give address	to which appro	xas oved copy of t	his form is to be sent)	
	Name of Authorized Transporter El Paso Natural C			Box 1492, El				
			Unit Sec. Twp. P.ge.	Is gas actually connect	ed? Wh	nen		
	If well produces oil or liquids, give location of tanks.		E 16 24 6	Yes		1963		
	If this production is commined	ed wit	th that from any other lease or pool, g	ive commingling orde	r number:			
IV.	COMPLETION DATA			New Well Workover	Deepen	Plug Back	Same Restv. Diff. Restv.	
	Designate Type of Com	pletic	On wen	x	!	X	x	
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.		
	10-26-62		8-14-74	5851		4850		
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing De	pth	
	6784 KB		Mesaverde-Mancos	4793		Depth Cas	ing Shoe	
	Perforations 4793-4813, 4531-1	י די	1501-01 11177-82			5850		
	4793-4013, 4731-	· 1 9	TUBING, CASING, AND	CEMENTING RECO	RD			
	HOLE SIZE		CASING & TUBING SIZE	DEPTH S			ACKS CEMENT	
	12 1/4		8 5/8	214		150 170		
	7 7/8		4 1/2	5850		110		
		 -						
	TEST DATA AND REQUE	ST F	OP ALLOWABLE (Test must be aft	er recovery of total vol	ume of load oi	l and must be	equal to or exceed top allow-	
V.	OIL WELL		able for this dep	th or be for full 24 how Producing Method (Flo	rs)			
	Date First New Cil Run To Tan	K 5	Date of Test		w, painte			
	8-14-74		8-17-74 Tubing Pressure	Pump Casing Pressure		Choke Siz	•	
	Length of Test 24 hours		30	30 i	e	an \		
	Actual Prod. During Test		Oil-Bbis.	Water-Bbls.	1.00 A.00	Gas MCF		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36	72		<u> 50</u> 50		
				,		~3 /		
	GAS WELL		Length of Test	Bbis. Condensate/MM	CF STORY	Gravity o	Gravity of Condensate	
	Actual Prod. Test-MCF/D		Zengin of 1920		<u> </u>			
	Testing Method (pitot, back pr.	,	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Siz	•	
	, , , , , , , , , , , , , , , , , , , ,							
VI	CERTIFICATE OF COMP	LIAN	CE	OIL	CONSERV		OMMISSION	
				APPROVED			aug 2 6, 1974	
			regulations of the Oil Conservation	Original S	iened by	Emery C.	Arnold	
I hereby certify that the rules and regularized the information given Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			By Original Signed by Emery C. Arnold SUPERVISOR DIST. #3					
			TITLE	St	JARKAT 20K	DIST. #3		
	Singlimit and the first of the second			This form is	to be filed in	compliance	with RULE 1104.	
), (Stell, 2007 and the discountry)			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 well, this form must be accompanied by a tabulation of the deviation					
			well, this form mu	ist be accomp well in acc	ordance wit	h RULE 111.		
	Operator			well, this form must be accompanied with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
(Title) able on new and recompleted wells.			un for changes of owner,					
	8-23-74		late!	Fill out only well name or numb	per, or transpo	orter, or other	such change of condition.	
		(U	ate)	II.				