		. S	
POLICION			
SANTA FE			
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I THANGE ON TEN	GAS	1	
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
ŀ	AUTHORIZATION TO TRANSPORT OU AND MATURAL OLD		Effective 1-1-65		
ŀ	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATUR			GAS	
Ì	TRANSPORTER OIL				
	GAS /				
	OPERATOR 2				
1.	PRORATION OFFICE				
J. Gregory Merrion & Robert L. Bayless					
}	Address	Toli d Robert H. Bayress			
	P. O. Box 507 F	armington, New Mexico 8	7401		
Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	5=-		
	Recompletion	Oil Dry Go Casinghead Gas Conde	=		
l	Change in Ownership	Casinghead Gas Conder	nside		
	If change of ownership give name and address of previous owner				
•	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name Chaco	Well No. Pool Name, including F 2 NIPP Picture	İ	2.	
	Location	2 NIII FICTUR	e CIIII	ral or Fee State NM22046	
	-	90 Feet From The South Lir	ne and 1820 Feet From	The West	
	Omit Letter;;	. co. , tom , neLI	r eet r for		
	Line of Section 7 To	ownship 26N Range	12W , NMPM, S	an Juan County	
MII.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL GA		oved copy of this form is to be sent)	
1				,	
·	Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas 🔀	Address (Give address to which appr	oved copy of this form is to be sent)	
	Southern Union		1st International Bld	g. Suite 1800, Dallas,TX	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		⁷ 75270	
Į	give location of tanks.		yes		
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
١٠.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
	Designate Type of Completi	A	X	t t	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	February 24, 1977 Elevations (DF, RKB, RT, GR, etc.,	March 17, 1977 Name of Producing Formation	1260 Top Oil/Gas Pay	1250'	
	5958 G.R.	Picture Cliff	1133'	NA	
}	Perforations			Depth Casing Shoe	
	1133-39'			1253'	
			D CEMENTING RECORD		
}	HOLE SIZE	5-1/2", 15.5#	DEPTH SET	SACKS CEMENT	
	4-3/4"	2-7/8", 6.5 #	1253'	10 sacks 100 sacks	
				200 30000	
Į					
		OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-	
ī	OIL WELL Date First New Oil Run To Tanks	lift, etc.)			
İ					
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Ggs·MCF	
	Actual Prod. During Test	Oil-Bbls.	wdter - DDie.	Gastwor	
I.					
	GAS WELL				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	107 MCF/D	.50 hrs. Tubing Pressure(Shut-is)	Casing Pressure (Shut-in)	Choke Size	
- 1	Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in)	231 PSIG	1/4"	
v.	CERTIFICATE OF COMPLIAN	ICF.	^	ATION COMMISSION	
¥ 1.	CERTIFICATE OF COMPLIAN	CE		•	
,	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
	Commission have been complied	with and that the information given e best of my knowledge and belief.	sy_Original State of the state		
1	monte to ride and combiete to tu	or my knowscage and benefit			
			TITLE		
	11	<i>(</i> /		compliance with RULE 1104.	
-	Thum X	atur	wall this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation	
	Engineer	/	tests taken on the well in acc	ordance with RULE 111.	
	-		All sections of this form m	De Mared Off Combieters for bitte.	

(Title)

(Date)

July 1, 1977

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.