

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, N. Mexico
(Place)

Oct. 6, 1961
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

J. Gregory Merrion & Associates
(Company or Operator)

Edna, Well No. 3, in SW 1/4 NW 1/4,
(Lease)

E, Sec. 7, T. 24N, R. 6W, NMPM, Devils Fork Pool
Unit Letter

Rio Arriba

County. Date Spudded 8-28-61 Date Drilling Completed 9-16-61
Elevation 6802 KB Total Depth 6055 PBDT 5904

Please indicate location:

| | | | |
|----------------|---|---|---|
| D | C | B | A |
| E _x | F | G | H |
| L | K | J | I |
| M | N | O | P |

Top Oil/Gas Pay 5817 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5817-5831

Open Hole _____ Depth _____ Casing Shoe 6054 Depth _____ Tubing 5796

OIL WELL TEST -

Natural Prod. Test: Not est. bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 132 bbls. oil, No bbls water in 24 hrs, -- min. Choke Size 3/4

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------------|-------------|------------|
| <u>13 3/8</u> | <u>191</u> | <u>230</u> |
| <u>4 1/2</u> | <u>6042</u> | <u>140</u> |
| <u>2 3/8</u> | <u>5786</u> | <u>---</u> |

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size 16/64" Method of Testing: Flowing

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 26,500 gal. oil & 29,000# sd.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks October 5, 1961

Oil Transporter Basin Pipeline Inc.

Gas Transporter El Paso Natural Gas Company

Remarks: Gas is being sold through compressor to EPNG.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved OCT 9 1961, 19____

OIL CONSERVATION COMMISSION

By: (Original Signed Emery C. Arnold)

Title Supervisor Dist. # 3

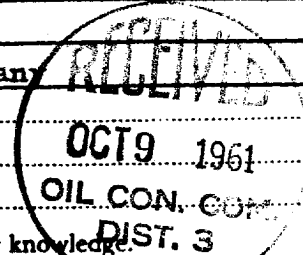
J. Gregory Merrion & Associates
(Company or Operator)

By: J. Gregory Merrion
(Signature)

Title Operator
Send Communications regarding well to:

Name J. Gregory Merrion

Address P. O. Box 507, Farmington, N.M.



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| STATE OF NEW MEXICO | |
| OIL CONSERVATION COMMISSION | |
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