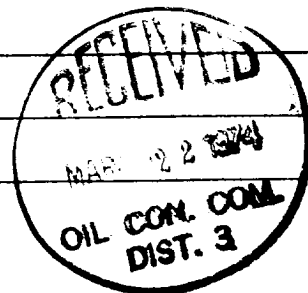


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OPERATOR		1
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AMENDED REPORT



I. Operator Verriion & Bayless  
Address P.O. Box 1541, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Canada Mesa</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Basin Dakota-Undes. Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>85070086</u>
Location Unit Letter <u>A</u> : <u>700</u> Feet From The <u>N</u> Line and <u>700</u> Feet From The <u>E</u> Line of Section <u>14</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Pio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Petroleum Plaza Building, Farmington, NM 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 900, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>14</u>	Twp. <u>24</u>	Rge. <u>6</u>	Is gas actually connected? <u>Yes</u>	When <u>1-9-74</u>

If this production is commingled with that from any other lease or pool, give commingling order number: P-4651

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>5-25-73</u>	Date Compl. Ready to Prod. <u>12-27-73</u>		Total Depth <u>6725</u>		P.B.T.D. <u>6607</u>			
Elevations (DF, RKB, KT, GR, etc.) <u>6435 GL</u>	Name of Producing Formation <u>Gallup Greenhorn Dak.</u>		Top Oil/Gas Pay <u>5422</u>		Tubing Depth <u>6630</u>			
Perforations <u>6500-6570, 6320-26, 5422-5556</u>					Depth Casing Shoe <u>6727</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>9 5/8</u>		<u>180</u>		<u>150</u>			
<u>7 7/8</u>	<u>4 1/2</u>		<u>6725</u>		<u>1100</u>			
	<u>2 3/8</u>		<u>6630</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>3-9-74</u>	Date of Test <u>3-9-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>200</u>	Casing Pressure <u>600</u>	Choke Size <u>2 1/2</u>
Actual Prod. During Test	Oil-Bbls. <u>25</u>	Water-Bbls. <u>10</u>	Gas-MCF

GAS WELL

Commingled  $\updownarrow$

Actual Prod. Test-MCF/D <u>150</u>	Length of Test <u>24 Hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate <u>44.5</u>
Testing Method (pitot, back pr.) <u>Orifice</u>	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Drury Verriion  
(Signature)

Co-Owner

(Title)

3-22-74

(Date)

OIL CONSERVATION COMMISSION  
MAY 27 1974

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
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.