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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-1  
Effective 1-1-65

B.K.

I.

Operator J. Gregory Merrion & Robert L. Bayless	
Address P.O. Box 507 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit	Well No. 301	Pool Name, including Formation Devils Fork Gallup 644	Kind of Lease State, Federal or Fee Federal	Lease No. SF078874
Location Unit Letter M ; 790 Feet From The South Line and 990 Feet From The West				
Line of Section 4 Township 24N Range 6W , NMPM, Rio 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 4	Twp. 24N	Rge. 6W
Is gas actually connected?		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 03-30-81	Date Compl. Ready to Prod. 06-20-81	Total Depth 5700		P.B.T.D. 5655					
Elevations (DF, RKB, RT, CR, etc.) 6470' GL, 6483 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5409		Tubing Depth 5605 5617				
Perforations 5409, 5421, 5429, 5433, 5437, 5446, 5474, 5478, 5491, 5495, 5499, 5518, 5606, 5610, 5612, 5614, 5622				Depth Casing Shoe 5699					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		210		185				
7-7/8	4-1/2		5699		825				
	2-3/8		5605						

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)

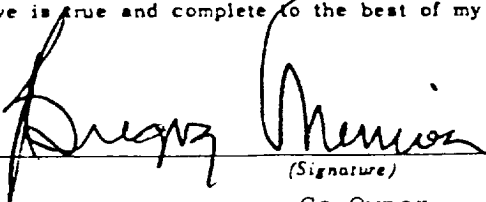
Date First New Oil Run To Tanks 7-17-81	Date of Test 7-18-81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 35 psig	Casing Pressure 265 psig	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 46	Water - Bbls. 0	Gas - MCF 223

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Oil - Bbls./Day	Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

  
(Signature)

Co-Owner  
(Title)

July 20, 1981  
(Date)

OIL CONSERVATION COMMISSION

JUL 22 1981

APPROVED

BY Original Signed by CHARLES GHOLSON  
DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.