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| 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-110
Effective 1-1-65

AK

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|--|---|-------------------------------------|
| Operator J. Gregory Merrion | | |
| Address P.O. Box 507 Farmington, New Mexico 87401 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

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|--|-----------------|--|
| II. DESCRIPTION OF WELL AND LEASE | | Lease No. |
| Lease Name NCRA State | Well No. 4 | Pool Name, including Formation Devils Fork (Gallup) |
| Kind of Lease State, Federal or Fee | | State |
| Location | | Lease No. E-1207-1 |
| Unit Letter J | 1685 | Feet From The South |
| Line and 1710 | | Feet From The East |
| Line of Section 16 | Township 24N | Range 6W |
| NMPM, | | Rio Arriba |
| | | County |

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|--|-----------|--|-----------------------------------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | P.O. Box 3119, Midland, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| J. Gregory Merrion | | P.O. Box 507, Farmington, New Mexico | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 16 | Twp. 24 |
| | | Rge. 6 | Is gas actually connected? Yes |
| | | | When 1963 |

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

| | | | | | | | | | |
|---|--|-----------------------------------|----------|--------------------------------------|----------|--------|-----------|-------------|--------------|
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) | | | X | | | | X | | |
| Date Spudded 10-26-62 | Date Compl. Ready to Prod. 12-29-74 | Total Depth 5851 | | P.O. Box 3119, Midland, Texas | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6784 KB | Name of Producing Formation Gallup | Top Oil/Gas Pay 5647 | | P.O. Box 507, Farmington, New Mexico | | | | | |
| Perforations 5647-5657 | | Is gas actually connected? Yes | | When 1963 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | | |
| 12 1/4 | 8 5/8 | 214 | | 150 | | | | | |
| 7 7/8 | 4 1/2 | 5851 | | 170 | | | | | |
| | 2 3/8" | 5708 | | | | | | | |

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| 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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|----------------------------------|---------------------------|---------------------------|--|-----------------------|--|
| GAS WELL | | Bbls. Condensate/MMCF | | Gravity of Condensate | |
| Actual Prod. Test-MCF/D | Length of Test | None | | --- | |
| 58 | 24 hours | Casing Pressure (shut-in) | | Choke Size | |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | 1100 | | --- | |
| Orifice Plate | 1100 | | | | |

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| 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. | |
| Operator J. Gregory Merrion (Signature) | |
| Operator (Title) | |
| April 6, 1975 (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED APR 8 1975 | |
| BY Original Signed by Emory C. Arnold | |
| TITLE SUPERVISOR DIST. #3 | |
| 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. | |