	F COPIES RECEIVED				
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SAN	SANTA FE				
FILE	ILE				
U.S.	G.S.				
LAN	D OFFICE				
TPA	IRANSPORTER	OIL	1		
' ' '		GAS	1		
OPE	RATOR	1			
PRC	PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C =1.04

	SANTA FE	1			REQUEST		LOWABLE	331014	-	Old C-104 and C-110
	FILE	1				AND			Effective 1-1	-65
	U.S.G.S.		 -	AUTHORIZ	ZATION TO TR	PANSPORT	OIL AND N	IATURAL G	AS	
	LAND OFFICE	1	+							
	TRANSPORTER GAS	. 7	+							
	OPERATOR	1								
I.	PRORATION OFFICE									
	Operator				(
	Address	J. C	rego	ry Merrion	and Robert	i. Baylo	ess			
		P. 0). Br	ox 507. Farm	minoton. Nev	Mexico				
	Reason(s) for filing (Check			7019 10210	******		Other (Please	explain)		
	New We!l			Change in Tra			}			
	Recompletion Change in Ownership			Oil Casinghead G	ory Cond	lensate				
	Change in Ownership						L			
	If change of ownership gi and address of previous of			Humble Oil	and Refini	in <i>a</i> Comp	anv			
	and address of previous of	JWIICI		TIMMIN LES TILLS						
II.	DESCRIPTION OF WE	LL A	ND L		Well No. Pool N	Jama Ingludi	ing Formation		Kind of Lease	
	Lease Name			Lease No.					State, Federal or Fe	e
	North Lindrith	_Cor	<u>a</u>		Bl	anco (Me	saverde)		J	Fed
	Unit Letter M		ggn	Feet From Th	he_S outh L	ine and O	100	Feet From 1	The West	
	Cint Letter 14	_ ' _	220			— 	7			
	Line of Section 20		Town	nship 26 N	Range	2 W	, NMPM,	Rio	Arriba	County
	DESCRIPTION OF THE	ANGI	no na	PER OF OIL AN	ID NATUDAL (SAC				
11.	DESIGNATION OF TR	ANSI porter	of Oil	or Conde	ensate	Address	(Give address t	o which approx	ed copy of this form i	s to be sent)
					x	Rox	. 1702 F8	rminaton	New Mexico	
	Name of Authorized Trans	corter	of Cas	inghead Gas	or Dry Gas 🛣	Address	(Give address t	o which appro	New Mexico Ded copy of this form i	s to be sent)
	El Paso Natura	al G	as C	ompany.		Вох	t 1492 El	Paso Te	EXAS	
	If well produces oil or liqu	uids,		Unīt Sec.	Twp. Rge.		•			
	give location of tanks.			M 20	26N 2W	Yes			1-5-60	
	If this production is come COMPLETION DATA	mingle	ed with	h that from any of	ther lease or poo	I, give com	mingling order	number:		
		C	منعما	O11 W	/ell Gas Well	New Wel	l Workover	Deepen	Plug Back Same F	Restv. Diff. Restv.
	Designate Type of	Comp			1	Total De			P.B.T.D.	
	Date Spudded			Date Compl. Read	ly to Prod.	Total De	,ptu		1.8.1.2.	
	Elevations (DF, RKB, RT,	GR. e	tc.i	Name of Producing	g Formation	Top Oil/	/Gas Pay		Tubing Depth	. ****
		,	,							
	Perforations	Perforations							Depth Casing Shoe	
						ND CENEN	TING DECOR			
	101 5 0175			TUBING SIZE	ND CEMEN	DEPTH SET		SACKS CEMENT		
	HOLE SIZE			CASING a	108110 0122					
									<u> </u>	
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours)									
	Date First New Oil Run To Tanks Date of Test				Producin	ng Method (Flou	v, pump, gas li	ft, f t 2		
								Chake Sign	1	
	Length of Test			Tubing Pressure		Casing	Pressure		NOV1 21	96 5
	Actual Prod. During Test			Oil-Bbls.		Water - E	3bls.		FOIL CON.	C
	Actual Flod, During 105.			3 2					DIST.	
				<u></u>		<u> </u>		<u> </u>		
	GAS WELL							<u> </u>	Gravity of Condens	
	Actual Prod. Test-MCF/	D		Length of Test		Bols. C	ondensate/MMC	r	Gravity of Condens	ate
	Testing Method (pitot, ba	ck pr.		Tubing Pressure		Casing	Pressure		Choke Size	
	realing Memor (Proce)			-						
VI	. CERTIFICATE OF C	OMP	LIAN	CE			OIL CONSERVATION COMMISSION			ION
						APPROVED NOV 1 2 1965 , 19, 19				
	I hereby certify that the	ify that the rules and regulations of the Oil Conservation have been complied with and that the information given								
	Commission have been above is true and comp	comp plete	ned v	vith and that the e best of my kno	wledge and belie	f. 8Y_	「III			F.W.18
	2/					111	TITLE Supervisor Dist. # 3			
	(1//					' ' ' -	This form is to be filed in compliance with RULE 1104.			
Diegova Merrion			- 11	realized a convert for allowable for a newly drilled or deepened						
			ature)	well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.			n or the deviation			
	/ · · · ·	Operator							reance with RULE	

(Title)

November 10 1965

All sections of this form must be filled out completely for able 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.

	·			
	OF COPIES RECI	5		
	DISTRIBUTIO			
	SANTA FE	1		
	FILE	/		
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL] /	
	INANGPORTER	GAS	1	
	OPERATOR	1		
1.	PRORATION OF			
	Operator			

November 10 1965

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTAFE	REQUEST F	FOR ALLOWABLE	Effective 1-1-65		
FILE /	AUTHODIZATION TO TOA	AND NSPORT OIL AND NATURAL			
LAND OFFICE	AUTHORIZATION TO TRAI	MOFUR FULL AND NATURAL	GAS		
TRANSPORTER OIL /					
GAS /					
OPERATOR /	·•				
PRORATION OFFICE Operator					
·	Merrion and Robert L. Ba	ar le as			
Address	refrior and nobel c b. Da	0 1635			
Reason(s) for filing (Check proper box)	7. Farmington, Nev Nexi	co			
1 1		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	=			
Change in Ownership	casinghead date				
If change of ownership give name	Humble Oil and Refining	: Company			
and address of previous owner	Humole off and perturns	, ((m ₁ /m)			
DESCRIPTION OF WELL AND L	EASE				
Lease Name		me, Including Formation	Kind of Lease State, Federal or Fee		
North Lindrith Com		lan (Pictured Cliffs)	Fed Fed		
Location			The state of the s		
Unit Letter ;990	Feet From The South Line	e and <u>990</u> Feet From	The West		
Line of Section 70 Town	ship 26 North Range 2	West , NMPM, Plo A	rriba County		
	20 101011				
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	and carry of this form is to be sent		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr			
Name of Authorized Hanspotter of Casin	nghead Gas or Dry Gas	P. O. Box 1702 Farmi Address (Give address to which appr	agton. New Mexico oved copy of this form is to be sent)		
	^	P.O.Box 1492. El Paso			
EL Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connected?	hen		
If well produces oil or liquids, give location of tanks.	M 20 26N 2W	Yes	15-60		
If this production is commingled with		-			
COMPLETION DATA					
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
		Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B. 11.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
(21) (11)	•				
Perforations			Depth Casing Shoe		
		CEMENTING RECORD	CACKE CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
. TEST DATA AND REQUEST FO	RALLOWABLE (Test must be af	fter recovery of total volume of load or	il and must be equal to or exceed top allow		
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift atc.)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (1.10m, pamp, gas	PCEN I		
Length of Test	Tubing Pressure	Casing Pressure	Choyo C		
Length of Year			VITOLIA E		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GM-MC50V1 2 1965		
			1 1 1		
			OIL CON. COM.		
GAS WELL		Bbls. Condensate/MMCF	DIST. 3		
Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCF	Gravity Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
resting Method (phot, oden p)	, 1 ability 1 1000 and				
CERTIFICATE OF COMPLIANC	110	OU CONSERV	ATION COMMISSION		
. CERTIFICATE OF COMPLIANC	· =1:				
I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED NOV 1 2 1965 , 19			
Commission have been complied w	ith and that the information given				
above is true and complete to the	best of my knowledge and belief.	TITLESupervisor Dist. # 3			
0//	\mathcal{M}				
	Merrion	This form is to be filed in compliance with RULE 1104.			
Dreson 1	/ Verrion	If this is a request for all	owable for a newly drilled or deepened		
// Signa	ture)	well, this form must be accomp tests taken on the well in acc	naniad by a tabulation of the deviation		
Operator		All sections of this form must be filled out completely for al			
(Titi	le)	able 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.

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