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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-110
Effective 1-1-65

Operator J. Gregory Merriem <i>Ximbell Oil Co.</i>	
Address 1097 P.O. Box 507, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner *J. Gregory Merriem*

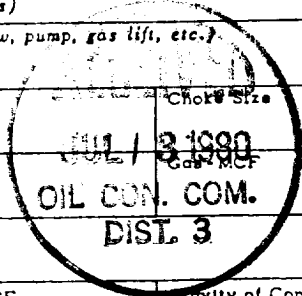
DESCRIPTION OF WELL AND LEASE				
Lease Name Federal A	Well No. 3 E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF079139A
Location				
Unit Letter E	925	Feet From The West	Line and 1720	Feet From The North
Line of Section 35	Township 25N	Range 6W	, NMPM, Rio Arriba County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Plateau		Plateau Inc., P.O. Box 108, Farmington, NM		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P.O. Box 1492, El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Twp. 25N	Rge. 6W
				Is gas actually connected? No When

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5-5-80	Date Compl. Ready to Prod. 6-26-80		Total Depth 7030		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) 6619 GL 6633 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6814		Tubing Depth 6827				
Perforations 6819 - 6954				Depth Casing Shoe 7025					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		350		250				
7-7/8	4-1/2		7025		1015				
	2-3/8		6827						

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	



GAS WELL			
Actual Prod. Test-MCF/D 1800	Length of Test 3 hours	Bbls. Condensate/MMCF spray	Gravity of Condensate
Testing Method (pilot, back pr.) Flow Prover	Tubing Pressure (shut-in) 1630	Casing Pressure (shut-in) 1700	Choke Size 3/4

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUL 17 1980 , 19	
<i>[Signature]</i> Operator (Title) 7-11-80 (Date)		BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 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.	