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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION 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
Effective 1-1-85

Operator
J. Gregory Merriam

Address
P. O. Box 507, 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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|----------------------|
| Lease Name Federal Com A | Well No. 5 | Pool Name, Including Formation Ballard Pictured Cliffs | Kind of Lease State, Federal or Fee Federal | Lease No. SF07913 |
| Location Unit Letter E : 1530 Feet From The North Line and 800 Feet From The West Line of Section 35 Township 25N Range 6W , NMPM, Rio Arriba Court | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|---------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| 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 | Box 990, Farmington, New Mexico 87401 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | No | As soon as possible |

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

V. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------|----------------------|----------|--------|-----------|-------------|----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Re |
| | | X | X | | | | | |
| Date Spudded 11/10/81 | Date Compl. Ready to Prod. 12/18/81 | Total Depth 2631' KB | P.B.T.D. 2609' KB | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 6618 GL 6631 KB | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 2490' KB | Tubing Depth None | | | | | |
| Perforations 2522 - 2526, 2490 - 2512, 2510 - 2522 | | | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|---|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | 7" | 87' KB | 60 sx 2% CACL ₂ |
| 5-1/8" | 2-7/8" | 2642' KB | 225 sx Class 'B' Econ fill 2.06 Ft/sx follow by 50 sx Class 'H', 2% gel, 1.22 ft/sx. |

VI. 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 of well for this depth or be for full 24 hours)

| | | |
|---------------------------------|-----------------|---|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |

GAS WELL

| | | | |
|---|----------------------------------|---------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 364 | Length of Test 48 Hr. | Bbls. Condensate/MMCF -0- | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) N/A | Casing Pressure (shut-in) 645 PSIG | Choke Size 1/2" |

III. 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.

STEVE S. DUNN, Engineer

12/22/81

OIL CONSERVATION COMMISSION

2-1-82
APPROVED FEB 1 1982

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR 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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.