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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

B.K.

Operator J. Gregory Merrion & Robert L. Bayless	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keeling	Well No. 1	Pool Name, including Formation Gallup - Superior - Dakota Undesignated - Commingled	Kind of Lease State, Federal or Fee Federal	Lease No. 078474
Location Unit Letter B ; 990 Feet From The North Line and 1750 Feet From The East Line of Section 20 Township 25N Range 8W, NMPM, San Juan 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"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) 5101 East Main, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 B	Sec. 20
	Twp. 25N	Rge. 8W
	Is gas actually connected? When	

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'v.	Diff. Res'v.
				X				X
Date Spudded ---	Date Compl. Ready to Prod. 7-26-74		Total Depth 6681		P.B.T.D. 6595			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Dak.-Greenhorn-Gallup		Top Oil/Gas Pay 5434		Tubing Depth 6565			
Perforations 5434-40, 5470-78, 5613-27, 5644-62, 5670-75, 5723-28, 5946-52, 6030-38, 6278-84, 6296-6300, 6354-66, 6540-70					Depth Casing Shoe 6681			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	9 5/8		201		150			
8 3/4	5 1/2		6681		425			
	2 3/8		6565					

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 8-1-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 40	Choke Size --
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 1	Gas - MCF 90

GAS WELL

Actual Prod. Test-MCF/D	Length of Test:	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Operator
8-27-74
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 2, 1974
BY Original Signature
TITLE SUBMITTER 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.