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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

I. Operator
J. Gregory Merrion & Robert L. Bayless
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hugh Lake	Well No. 1	Pool Name, including Formation W.A.W. Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF078391-C
Location Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West				
Line of Section 36 Township 27N Range 13W , NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. NA	Unit Sec. Twp. Rge. Is gas actually connected? When Yes 8-23-78

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.
		XX						
Date Spudded 10-14-77	Date Compl. Ready to Prod. 11-9-77	Total Depth 1310	P.B.T.D. 1281					
Elevations (DF, RKB, RT, GR, etc.) 5981 GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1201	Tubing Depth Tubingless					
Perforations 922-34, 1201-04, 1206-11							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7-7/8	5-1/2", 15.5#		46		10			
4-3/4	2-7/8", 6.5#		1304		150			

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 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 47	Length of Test 1 hour	Bbls. Condensate/MMCF None	Gravity of Condensate NA
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) 231 PSIG	Casing Pressure (Shut-in) 231 PSIG	Choke Size 1/4"

I. 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.

J. Gregory Merrion

 (Signature)
Co-Owner

 (Title)
8-28-78

 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19**78**

BY **Original Signature**

TITLE **DEPUTY OIL**

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.