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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
IRANSPORTER	GAS	7	
OPERATOR	4		
PRORATION OF		<u> </u>	
Operator Weste	ern Of	1 8	k M
Address			
P. 0.	. Drav	ver	122
Reason(s) for filing	(Check p	roper	box,
New Well	XX		
Recompletion			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE	REQUEST	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	CAS	
LAND OFFICE	AUTHORIZATION TO TRAI	MOFORT OIL AND MATORAL		
OIL /				
TRANSPORTER GAS		AB4 20 0h	E 92190	
	-	AP1 30-04	7-27120	
	1			
PRORATION OFFICE	<u></u>			
Operator Of 3 9 M				
Western Oil & M	inerais, Ltu.			
Address	00 Farmington NM 07401	•		
	28, Farmington, NM 87401	Other (Please explain)		
Reason(s) for filing (Check proper box,		Other (Fleuse explain)		
New Well XX	Change in Transporter of:			
Recompletion	Oil Dry Gas Casinghead Gas Condens	75 (
Change in Ownership	Casinghead Gas Conden	sure [_]		
If change of ownership give name				
and address of previous owner				
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.	
Lease Name		State Fede	ral or Fee Federal NM03605A	
Marron Location	5A Blanco Mesa \	rei de		
P 810) Sout From The S	e and 840 Feet From	- The E	
Unit Letter;	Feet From TheLine	e and Feet From	1110	
Line of Section 27 Tox	wnship 27N Range	8W , NMPM,	Sari Juan County	
Line of Section 27 To	minimp Cr. Mange	<u> </u>		
. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
Merit Oil Corp.		Farmington NM 07/101	ington	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Time address to which hop	roved copy of this form is to be sent)	
El Paso Natural Gas Co	0.	P. 0. Box 990, Farmir	gton, NM 87401	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	P 27 27N 8W	No	Soon	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	On (X)	New Well Workover Deepen	Programa reserva	
		X Table Double	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	5340'	
11-29-78	4-23-78	5370' drlr	Tubing Depth	
Elevations (DF, RKB, R1, GR, etc.)	Name of Producing Formation		5210'	
6720 UGL	Mesa Verde	5061'	Depth Casing Shoe	
Perforations			5378'	
	TURING CASING AND	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	8-5/8" 24.00	216'	Circ.	
12-1/4" 7-7/8"	4-1/2" 10.50	5378'	2 stq., 116 sx + 320 sx	
. /-//8	1-1/4"	5210'		
	1-1/4			
THE PROJECT E	OP ALLOWARIE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST F	able for this de	pth 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-Bble.	Water-Bbls.	Gam MCF	
		<u> </u>		
			The state of the s	
GAS WELL		Table Control	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	GINATE OF COMMENSAGE	
1359	3 hrs.	Trace	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	3/4"	
B.P.	1012			
I. CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
		MAY	1 5 1979	
I hereby certify that the rules and	regulations of the Oil Conservation	ervation D Kondrige		
	Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			
CHOPPING DISTRICT # 3		ICT # 3		
This form is to be filed in compliance with RULE 1		in compliance with RULE 1104.		
			towable for a newly drilled or deepened	
Elliott A. Riggs (Stratus) Well, this form must be accompanied by a tabulation of the detects taken on the well in accordance with RULE 111.			naniej by a tabulation of the deviation	
All sections of this form must be filled out completely in			must be filled out completely for allow-	
(Title) able on new and recompleted wells.			Wells.	
well name or num		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		
	•	Separate Forms C-104 π completed wells.	der or med for each boot in mornby	
		11		