			,
ea, be constructed of			
SANTATE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Supersedes Old C-104 and C-116
FILE		VIAD	Offective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATU	RAL GAS
TRAI PORTER OIL			30-045-23692
GPERATOR /			
PRORATION OFFICE			
J. Gregory Merrion & I	Robert L. Bayless		
P.O. Box 1541, Farming	gton, NM 87401		
Recson(s) for filing (Check proper box		Other (Please expla	in)
New Well X	Change in Transporter of:		
Recompletion	OII Dry G	汽 !	
Change in Ownership	Castrighead Gas Conde	risale []	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LFASE		
Leone Name	Well No. Pool Name, Incidance	· · · · · · · · · · · · · · · · · · ·	of Lease Navajo
Da-On-Pah	1 South Gallego	os Fruitland State	Federal or Fee Allotted NOO-C-14-20
Location	noo North	ne and 1050 Fe	7
Unit Letter H ;	900 Feet From The North Li	ne andFe	et From TheEdST
Line of Section 35 To	waship 27N Range	12W , NMPM,	San Juan County
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Off	or Condensate	Address force duality as to with	ch approved copy of this form is to be sent) ch approved copy of this form is to be sent)
Name of Authorized Transporter of Co El Paso Natural Gas C		P.O. Box 990, Farm	ington, NM 87401
If well produces all or liquids, give location of tanks.	Unit Sec. Twp. Rge.	ls gas actually connected?	of temporary off-lease meter
	th that from any other lease or pool,	, give commingling order num	ber:
If this production is commingied with COMPLETION DATA			epen Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on - (X) Gas Well	New Well Workover De	epen rug Setz
Date Spuided	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 1356'
03-05-80	03-18-80	1356'	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Fraducing Formation Fruitland	Top Oil/Gas Pay	1285'
5950' GL	Fruittalid	1203	Depth Casing Shoe
reforations none - open hole com	pletion		
oe open note dom	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-3/4"	7"	91.8'	50
6-3/4"	4-1/2"	1285'	150
3-1/2"	2-3/8"	1285'	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be oble for this	after recovery of total volume of depth or be for full 24 hours)	load oil and must be equal to or exceed top allow-
OH. WELL. Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)
Length of Test	Tubling Pressure	Casing Freesure	ETENIEN
		Water - Bble.	- / XILLIVILU
Actual Pred. During Test	O11-Bbls.	ware: - Date:	11980

ALC MEDIT	atie for this	depin or be joi juit 24 hours	
OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Freesure	CTEVED
Actual Prod. During Test	Oil-Bbis.	Water - Bble.	11980
			MAR 2 1 1980 OIL CON. COM.
GAS WELL		Bbls. Condensate/MMCF	Gravity-accond and
Actual Prod. Test-MCF/D	Length of Test	BELL COMBINED	ייפוע /
61	7 hrs.	0	Chok Su
Testing Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Cosing Pressure (Shut-in)	Chok
hack pressure		200 PSIG	1/4"

back pressure CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with end that the information given above is true and complete to the best of my knowledge and belief.

11/V/SI
(Signature)
Operator /
(Title)
03-20-80

(Dute)

OIL CONSERVATION COMMISSION

MAR 2 1 1980 APPROVED. Original Signed by FRANK T. CHAVEZ BY. SUPERVISOR DISTRICT # 3 TITLE _

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a nowly 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.