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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PHORATION 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

Operator J. Gregory Merrion & Robert L. Bayless	
Address P.O. Box 507, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>TEMPORARY APPROVAL EXPIRES 1/31/80</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name Ute	Well No. 7	Pool Name, including Formation Barker Creek Paradox	Kind of Lease State, Federal or Fee Indian	Lease No. MOO-C-1420-1706
Location Unit Letter K ; 1685 Feet From The South Line and 3335 Feet From The East Line of Section 19 Township 32N Range 14W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation						
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 Co.						
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 32N	Rge. 14W	Is gas actually connected? Yes	When 11-15-79

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					
Date Spudded 3-16-51	Date Compl. Ready to Prod. 11-15-79 (re-entry)		Total Depth 9350		P.B.T.D. 8788			
Elevations (DF, RKB, RT, GR, etc.) 6526 GL, 6536 KB	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 8374		Tubing Depth 8373			
Perforations 8374-8404					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4	13-3/8	330	250
12-1/4	9-5/8	3100	1100
8-3/4	7	9350	1600
	4-1/2	5400	-- (FA Packer)
		8373	

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)

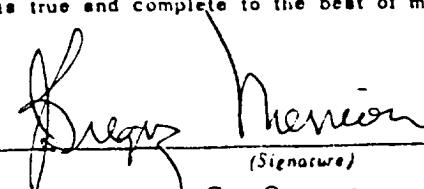
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 500	Length of Test 8 hrs	Bbls. Condensate/MMCF 10	Gravity of Condensate 60°
Testing Method (pitot, back pr.) pitot	Tubing Pressure (Shut-in) 1650	Casing Pressure (Shut-in) 1850	Choke Size 2"

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.

  
(Signature)  
Co-Owner  
(Title)  
11-15-79  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	11-15-79, 19
BY	Michael B...
TITLE	SUPERVISOR
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.	