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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION 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-111
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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. 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. M00-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				

III. 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	Pge. 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:

IV. 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, CR, 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)			
	2		8373					

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)

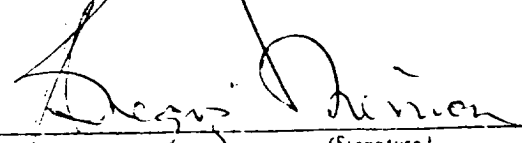
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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"

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.


(Signature)
Co-Owner
(Title)
3-18-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 20 1980**, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.