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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico A mergy, Minerals and Natural Resources Departme

DEC 13 1993

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 8741	0 550					2000					
Į,	HEQU					AUTHOR		N			
Operator		10 In	MOPOF	11 01	L AND N	ATURAL G		ell API No.			
Merit Energy Compan		30 015 27095									
Address 12222 Merit Drive,	Suite la	500	Dall	lac	Texas 7	75251					
Reason(s) for Filing (Check proper box)			Dail	Las,		her (Please exp	lain)				
New Well		Change in	Transporter	of:	_						
Recompletion Change in Operator	Oil Casinghea		Dry Gas Condensate	님	mc c		/1 /00				
If change of operator give name and address of previous operator	Casingnea	d Gas [-]	Condensate		ELIE	ective 10	/1/93				
II. DESCRIPTION OF WELI	ANDIE	A CIC									
Lease Name	Well No. Pool Name, Inclu			Includ	ding Formation Kind			nd of Lease	d of Lease No.		
Porker Lake 32 Stat	e	3	1		d Dunes			Federal or Fee	L-6		
Location Unit Letter H	. 1	.980		_	north Li	6	60		east		
20	<u> </u>		reet From		Lioz ori Li	be and		Feet From The	cast	Line	
Section 32 Townsi	nip 23S		Range	31E	, N	МРМ,	Eddy		· · · · · · · · · · · · · · · · · · ·	County	
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	R OF OI	L AND N	IATU				· · · · · · · · · · · · · · · · · · ·			
EOTT Energy Corpora	cion :	Energy C	perating	LP	Address (Gi	ve address to wi Box 4666	hich appro Hous	wed copy of this form ton, Texas	n is 10 be s 77210.	ens) -4666	
Name of Authorized Transporter of Casin	ighead Gas	fluctive -	or Dry Gas					ved copy of this form			
GPM If well produces oil or liquids,		 ,-									
ive location of tanks.	Unit _LH	Sec. 32	Twp. 235 3		Is gas actually yes	y connected?	J Wi	en 7 2/3/93			
this production is commingled with that V. COMPLETION DATA	from any other	r lease or p				ber:					
		Oil Well	Gas W	/eli	New Well	Workover	Deepen	Diva Dank Ca	m. D. d.		
Designate Type of Completion		i	<u>i</u>		L	Workover	l Deeben	Plug Back Sa	me Kes v	Diff Res'v	
)ate Spudded	Date Compl.	. Ready to 1	Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Form				ation Top Oil/Gas Pay		Pay		Tubing Depth			
erforations								Denth Casing S	Depth Casing Shoe		
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE											
	0,01	TO OILL		DEPTH SET			SACKS CEMENT		:NT 7		
							12-3	1-93			
	ļ							cha	67: E	PH	
TEST DATA AND REQUES	T FOR AL	LOWAI	BLE								
IL WELL (Test must be after real First New Oil Run To Tank		l volume of	load oil and						ul 24 hour.	s.)	
The Pirst New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ngth of Test	Tubing Pressure				Casing Pressur	e		Choke Size	Choke Size		
ual Prod. During Test Oil - Bbls.					Water - Bbls.		· · · · · · · ·	Gas- MCF	Gas- MCF		
					·						
AS WELL											
itual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Conde	nsate		
ting Method (pitot, back pr.)	Tubing Pressu	re (Shut-in))	-	asing Pressur	(Shut-in)		Choke Size			
COPED A MOD COPE				r					·		
L OPERATOR CERTIFICATION OF THE ANALYSIS AND THE COMPANY OF THE PROPERTY OF TH					. 0	II CONS	SERV	ATION DIV	/15101	Νİ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my kr	owledge and b	pelief.			Date /	Approved		DEC 2 8 19	93		
1 Sharene	~ ~ ~	P. 1	~			•		STRICT			
Signature Sheryl J. Carruth	Regulato	rv Man	ager	-	Ву		ISOR.	Dia	_m #		
					ByDISTRICT II TitleSUPERVISOR.						
Printed Name 11/29/93 (214) 701-8377					Title Sur						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

(214) 701-8377