Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I	RE(TOT TOT	FO	R Al	LLOW	ABLE AND	AUTHO	RIZATIO	ON			
Operator					<u> </u>	OIL AND NATURAL GAS Well API No.						
Merit Energy Comp.	Merit Energy Company							1:	0-039-06208			
12222 Merit Drive, Suite 1500					Da	Dallas, Texas 75251						
Reason(s) for Filing (Check proper New Well	box)			<u> </u>		0	ther (Please ex	plain)				
Recompletion		Change										
Change in Operator	Oil	, ,		ry Gai			Effecti	ve Jun	e 1, 1993	3		
If change of operator give name	·····	ead Gas		onden					 			
If change of operator give name and address of previous operator	outhern l	Jnion	Exp	lora	ation	1 Company	324 Hw	y YS64	. NBU300	<u>l Farmi</u>	ngton, Ni	
II. DESCRIPTION OF WE	ELL AND LI	EASE										
Lease Name		Well N	o. Po	ol Na	me, Incl	uding Formation		K	ind of Cease		Lease No.	
Jicarilla D	·····	7		Ta	paci	to Pictur	ed Clif:	s St	ate, Federal or I	100		
_	7 (27.0				_						
Unit Letter		340	Fe	et Fro	m The _	South Li	ne and	94'5	Feet From The	East	Line	
Section 31 Tov	vnship 26	North	ı Ra	nge	3	West N	ІМРМ,	Rio Ar	riha		County	
TI DESIGNATION OF TR	ANCHORM	CD OF	~			.,						
III. DESIGNATION OF TR	KANSPORTI	or Cond	UIL	ANU -	NAT	URAL GAS	ue address to	.b.i.e.		 		
	لـا			L			LE COURT 522 10 1	nich appro	ved copy of this	form is to be	sens) (
ame of Authorized Transporter of Casinghead Gas or Dry Gas [25 XX	Address (Give address to which approved copy of this form is to be so					sent)	
as Company of New Mexico						Post Office Box 1899 Bloomfield, NM						
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Tw	p.	Rge	e. Is gas actuali	y connected?	Wh	en ?			
this production is commingled with	that from any orl	ler lesse o		give.	i-							
V. COMPLETION DATA			, pooi,	give (COHEILEN	ging order num	Der:	***************************************		····		
Designate Transfer		Oil We	11	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi	1 [i i			Ting Duck	Came Res v	Pili Kes v		
ate Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth		P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	Name of Po	oducina E	omati			Top Oil/Gas P)av					
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Tubing Depth			
forations									Depth Casing Shoe			
	· · · · · · · · · · · · · · · · · · ·											
UOLE CIZE						CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING			SIZ	<u> </u>	DEPTH SET				SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·				<u> </u>		• • • • • • • • • • • • • • • • • • • •				
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						 	····	****				
TEST DATA AND REQU. L WELL (Test must be after									 -	" 		
L WELL (Test must be afte. te First New Oil Run To Tank	Date of Test	al volume	of load	i oil a	nd must	be equal to or e	xceed top allo	wable for th	is dependent or the fo	Juli 24 hayur	W P IS	
The state of the s	Date of Test	Date of Test				Producing Method (Flow, pump, gas lift, etc			elc L	W F 4	4 F 111	
ngth of Test	Tubing Press	sure	·			Casing Pressure	 ;		Ciroke Sizo	°C= F10	00	
									ן ענ	Chole Si DEC1 5 1993		
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.		Gas COL COL				
										DIST. +		
AS WELL ual Prod. Test - MCF/D	······································											
uai i iui. i cat - MCI/D	Length of Te	ડા				Bbls. Condensa	te/MMCF		Gravity of Co			
ing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size				
- · · · · · · · · · · · · · · · · · · ·	G (ourse m)				~=omg 11000010	(Onor-III)	•	CHOKE SIZE				
OPERATOR CERTIFIC	CATE OF (ימאטי	TAN	JCE	,	ſ			<u> </u>			
hereby certify that the rules and regu	lations of the O	il Conserva	ation		'	01	L CONS	SERV	ATION D	IVISIO	N	
Division have been complied with and that the information given above strue and complete to the best of my knowledge and belief.					I	4						
s now and complete to the best of my	knowledge and	belief.			ļ	Date A	pproved	DE	C 1 5 19	33		
Doug f. Com						Date ApprovedDEC 1 5 1993						
					-	By						
Sheryl J. Carruth	Regulato			er _				HEDE TO V	e on one	DIOT 4	a	
rinted Name 11/30/93	214	/701-8	1 iue 8377	,		Title	<u> </u>	UTERV	ISOR DIST	niol # v		
Date		Telepl			[

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

- 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.
- 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.