Submix 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

874

DISTRICT II P.O. Drawer DD, Artesia, 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 . I	REQUEST	FOR ALLOWA SANSPORT C	ABLE AND	AUTHOR	IZATION	i			
Operator		WINDE OITE	VIT VIAD IAY	TONAL G	MO T Wal	API No.			
Merit Energy Com	v	·	30 039 20117						
12222 Merit Drive	e. Suite 1500- =	in the second second	Dallas, T	evac 752	51				
Reason(s) for Filing (Check proper				her (Please expl				·	
New Well	Change	in Transporter of:		io (i icase asp.	,				
Recompletion	Oil [Dry Gas	ਹਵਾੜ	יו הווזדירים	ו שוגוד	1002			
Change in Operator X	Casinghead Gas	Condensate	EF	ECTIVE J	UNE I,	1993			
If change of operator give name and address of previous operator	Southern Union	Exploration	n Compan	v 324 Hwy	, IIS64	NBII300	1 Formi	ngton,	
•			oompon	y JET IIW	, 0504,	ND0300.	raimi	ngron,	
II. DESCRIPTION OF WI		1							
Jicarilla A	Well No.	ding Formation Kind			of Lease No.				
Location		Basin Dal	cota		Sizie	A reactator 14	Cont	ract 10	
0	1080		South	. 17	50		Foot		
Unit Letter	i	Feet From The	South Lin	e and	F	cet From The	<u> </u>	Line	
Section 23 To	wnship 26 N	Range 4	N, (мрм, Ri	o Arril	а		County	
III. DESIGNATION OF TI Name of Authorized Transporter of (RANSPORTER OF O	IL AND NATU	JRAL GAS		. ,	<u>. :</u>		-	
Giant Refinir		X	Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of (P.O. Box 256 Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas or Dry Gas X GCNM			P.O. Box 1899, Bloomfield, NM 87413						
If well produces oil or liquids,	Unit Sec.	Twp. Rge.			When				
ive location of tanks.				,	i				
this production is commingled with V. COMPLETION DATA	that from any other lease or	pool, give comming	ling order numb	er:					
Designate Type of Complete	ion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		_ 	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth				
erforations			<u></u>			Depth Casing Shoe			
·	TUDING	CACING AND	OE) (E) ITT)	a proops	·				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE					DAGKO OFLIENZ		
,	OASING & TO	bing Size	<u> </u>	DEPTH SET		<u> </u>	ACKS CEME	N I	
									
							1. 1	·	
TEST DATA AND REQU	JEST FOR ALLOWA	BLE							
LWELL (Test must be aft	er recovery of total volume o	fload oil and must	be equal to or e	xceed top allow	able for this	depth or be fo	r full 24 hours	:.)	
ite First New Oil Run To Tank	Date of Test		Producing Met	od (Flow, pury	o, gas lift, et	c.)			
ngth of Test	Tubing Pressure		Casing Pressure	;		Choke Size	•		
tual Dad Dudas Test									
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbis.		Gas- MCF			
AS WELL	I								
tual Prod. Test - MCF/D	Length of Test	 1	Bbls. Condensa	MMCF.		Gravity of Co	ndensate		
					The second secon				
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size	
OPERATOR CERTIF	CATE OF COMPI	IANCE			اب ــــــا				
I hereby certify that the rules and re			0	L CONS	ERVA	TION D	IVISIO	V	
Division have been complied with a	OIL CONSERVATION DIVISION								
is true and complete to the best of m	Date Approved JAN 0 3 1994								
			pate <i>F</i>	hhuoned			·		
Jan	then Do	Es.		ス		\mathcal{A}	/		
Signature Sheryl J. Carruth	By SUPERVISOR DISTRICT 13								
Printed Name		Title	Title_	SUF	PERVISO	OR DISTR	ICT #3		
12/29/93	214/701-		'o						
Date:	Teleph	one No.							

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.