Submit 5 Copies
Appropriate District Office
DISTRICT I TRICT 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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Merit Energy Company 30-039-22051 12222 Merit Drive; Suffe 1500 - 200 Dallas, Texas 75251 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: \Box Recompletion Oil Dry Gas Change in Operator X Effective June 1, 1993 Casinghead Gas Condensate If change of operator give name and address of previous operator Southern Union Exploration Company 324 Hwy US64, NBU3001 Farmington, NM 8 II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation Blanco Mesa Verde Well No. 13A Jicarilla D Kind of Lease Lease No. Contract 100 State Federal or Fee Location Feet From The South Line and . Unit Letter ___ 100 965 Feet From The Line 32 26 N Township Range ^{3}W Rio Arriba , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) \Box Giant Refining Company P.O. Box 256 Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) GCNM P.O. Box 1899, Bloomfield, NM 87413 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) **Deepen** Plug Back Same Res'v Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) J L Length of Test Tubing Pressure Casing Pressure Ploce Size IANO 3 1994 Actual Prod. During Test Oil - Bbls. Water - Bbls. CON. DIV. **GAS WELL** D156. 3 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. JAN 0 3 1994 Date Approved Sheryl J. Carruth Regulatory Manager Printed Name SUPERVISOR DISTRICT #3 Title Title_

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

214/701-8377

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 walls