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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

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 Compa	iny						3	0 03	39 21	777	
Address 12222 Merit Drive,	Suite 1500		Da	allas, T	exas 75	5251				<u></u>	
Reason(s) for Filing (Check proper		<del></del>			her (Please e						
New Well	Change	in Transporte	r of:			•					
Recompletion	Oil (	Dry Gas		EFF	ECTIVE .	JUNE :	1, 19	993			
I change of operator give name	Casinghead Gas	Condensat		···	<u> </u>					·	
and address of previous operator	Southern Union	Explor	atior	1 Compan	y 324 H	lwy US	64,	NBU300	1 Farm	ington, NM	
II. DESCRIPTION OF WI	ELL AND LEASE										
Lease Name Well No. Pool Name, Incl.  Jicarilla A 22A Blanco M								Contract 105			
Location	22A	Бтапо	o me	sa verde	<u> </u>		Suite	receisit of 1	Cont	tract 105	
Unit Letter P	: 1155	Feet From	The So	uth Lin	e and	60·	Fee	t From The	East	Line	
Section 24 Township 26 N Range 4				W , NMPM, Rio Arri				ba County			
II. DESIGNATION OF T	RANSPORTER OF (		NATU	RAL GAS							
lame of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)							
Giant Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas				P.O. Box 256 Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)							
GCNM		0. Diy 048	r <b>X</b> T		x 1899, Bl				um is 10 0€ \$	eruj	
f well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actuali			When ?				
ve location of tanks.							<u>:</u>				
this production is commingled with V. COMPLETION DATA	that from any other lease of	r pool, give co	mmingli	ng order numb	ег:						
Designate Type of Complet	ion - (X)	I Gas V	Vell	New Well	Workover	Deep	pen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.			
rations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
erforations		<del></del>					<sub>1</sub>	Depth Casin	g Shoe		
e e e e e	TUBING,	CASING A	AND C	EMENTIN	G RECO	D.		FIV	FM		
HOLE SIZE CASING & TUBING S				DEPTH SET			. 62	S	ACKS CEMI	ENT	
						W.		2 100/			
							ANU	3 1994	<u> </u>		
		<del></del>				OIL	cl	M. D	IV.j		
TEST DATA AND REQU	EST FOR ALLOW	ABLE					DI	ST. 3			
	er recovery of total volume	of load oil and	i must be	equal to or e	xceed top all	owable fo			r full 24 how	3.)	
te First New Oil Run To Tank	Date of Test		P	roducing Met	nod (Flow, pi	ump, gas i	lift, etc.)				
ngth of Test	Tubing Pressure	Tubing Pressure			Casing Pressure				Choke Size		
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.				Gas- MCF		
AS WELL			1		· · · · · · · · · · · · · · · · · · ·						
ual Prod. Test - MCF/D	Length of Test		В	bls. Condensa	Le/MMCF		G	ravity of Co	ndensale -	· ·	
				· •							
ing Method (pitot, back pr.)	Tubing Pressure (Shut-	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size		
OPERATOR CERTIF	CATE OF COMP	LIANCE									
I hereby certify that the rules and re Division have been complied with a	gulations of the Oil Conserved that the information give	ation		0	L CON			TON E 0 3 19	)IVISIO 9 <b>4</b>	N	
is true and complete to the best of n	y knowledge and belief.			Date A	Approved						
The state of the s	J. Con I	`			F F	3.	ر ۲	Cho	-8		
Signature Sheryl J. Carruth	Regulatory Man	ager		Ву		SUPER	RVIS	OR DIS	RICT	3	
Printed Name		Title	-			JU: L	, , , , , ,		• . •		

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.

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 complete invalid