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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1(YY) Rio Brazos Rd. Azien NM. 87410

I.	1 87410 RE(QUEST I	FOR AL	LOW ORT (ABLE AND AUTHOR	RIZATIO	N		
						Well API No.			
Merit Energy Company Address						30-039-23476			
12222 Merit Drive	Suite 15	00 "	F@M		Dallas, Texas 752		_		
Reason(s) for Filing (Check prop	er box)				Other (Please exp				
Recompletion	Oil	Change i	n Transport] ncc	.			
Change in Operator	•	ead Gas	Dry Gas Condens:		J Effectiv∈	e June	1, 1993		
If change of operator give name and address of previous operator					on Company 324 Hw	1106/	Navaca		
			Dipio.		on company 324 nw	y US64	, NB0300T	Farmington, NM	
II. DESCRIPTION OF V	YELL AND LI		Pool Nam	. 7			······································		
Jicarilla D Well No. Pool Name, 19 Blanco				œ, incii co M	esa Verde	Ki Sta	nd of Lense ie, Federal or Fee	Lease No. Contract 100	
Location		-/ -	- J					John Tact 100	
Unit LetterI	: <u> </u>	725	Feet From	The _	South Line and 790).	Feet From The	ast Line	
Section 31	ownship 26 N							Line	
						Arril	oa —	County	
III. DESIGNATION OF T	RANSPORTE	R OF OI	L AND	NATI	JRAL GAS				
	Name of Authorized Transporter of Oil or Condensate Giant Refining Company					Address (Give address to which approved copy of this form is to be sent)			
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)				
GÇNM				بمب	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?	Whe	n ?		
If this production is commingled with	h that from any oth	er lease or n	ool give se		<u> </u>	L	· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA		cr rease or pr	ooi, give co	mming	ling order number:				
Decianate Time of Commit	4. 00	Oil Well	Gas V	Vell	New Well Workover	Deepen	Plug Back Sam	e Res'v Diff Res'v	
Designate Type of Comple Date Spudded							India Suck Sain	c Res v Dill Res v	
on opena	Date Comp.	. Ready to F	rod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation		Top Oil/Gas Pay		Tali D		
forations							Tubing Depth		
r cirorations							Depth Casing Sho	e	
	77	IRING C	ASING	ANID	CEMENTING RECORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		W E PACE	S CEMENT	
, ,					in E		I SHOW	5 CEMENT	
· · · · · · · · · · · · · · · · · · ·									
					TAL WELL	40319	194		
. TEST DATA AND REQI	JEST FOR AL	LOWAB	LE	1	011 /	DIC?	DIV.		
IL WELL (Test must be af				must b	e equal to or exceed top allowa	ble (e This	apph or be for full	24 hours)	
ate First New Oil Run To Tank	Date of Test			Ţi	Producing Method (Flow, pump,	gas lift, et	c.)	,	
ength of Test	Tubing Day			_ ,		· 			
	Tubing Pressure			1	Casing Pressure		Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.		Gas- MCF		
					·	1			
AS WELL								·	
tual Prod. Test - MCF/D	Length of Tes	!		В	bls. Condensate/MMCF		Gravity of Condense	ue	
ting Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			(C)				
ang maaroo (paor, oock pr.)	ruoning Freese				asing Pressure (Shut-in)	1	Choke Size		
OPERATOR CERTIF	CATE OF C	OMBLI	ANICE	┌					
I hereby certify that the rules and re-	ulations of the Oil	Conservation			OIL CONSE	ERVA	TION DIVI	SION	
Division have been complied with and that the information given above true and complete to the best of my knowledge and belief.					JAN 0 3 1994				
se time with comblete to the pest of the	y knowledge and b	elief.			Date Approved _	MAN	u o 1994		
ignature Sheryl J. Carruth Regulatory Manager					By SUPERVISOR DISTRICT #3				
									Shery I J. Carruth
12/29/93	214	Tille 701-83/			Title	·		• ⊌ —-:	
Date		Telephone		-					

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