Submit 5 Copies
Appropriate District Office
DISTRICT I
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., Aziec, NM 87410

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Operator		10 111/	HINOI OHI	OIL AND IN	ATUHAL		II API No.		
Merit Energy			3	30-045-0566					
Address	malana C.	بالصيداد	T00 D	1.1					<u> </u>
Reason(s) for Filing (Check proper box)	rive, su	iite #	500 Da	allas, Tex	as 75251 ther (Please ex		<del></del>		
New Well		Change in	Transporter of		uier (Please ex	piai <b>n</b> )			
Recompletion	Oil		Dry Gas						
Change in Operator KX	Casinghead	d Gas	Condensate						
If change of operator give name and address of previous operator South	nern Uni	on Exr	loration	Company	324 11	UCE/. N	DII 2001	ъ .	
II. DESCRIPTION OF WELL	ANDIE	· CE		<u>company</u>	124 HWY	0204, N	BUSUUL	Farming	ton, NM
Lease Name	AND LEA		Pool Name, In	cluding Formation	· · · · · · · · · · · · · · · · · · ·	l v:-	d of Dease		<del> </del>
Hodges		5		rd Picture		State	e, Federal or F	e SEO	Lease No. 78432
Location									70132
Unit LetterL	_ : <u>1650</u>	)	Feet From The	South L	ne and	901	Feet From The	West	Line
Section 28 Townshi	n 26	5 <b>/</b> /	D	4. W 8					Lanc
Joseph Do Powisii	<u>p</u>	<u> </u>	Range	_0 VV _, N	<mark>MPM,</mark> San	ı Juan			County
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AND NA	TURAL GAS					
Name of Authorized Transporter of Oil		or Condens	sate	Address (Gi	ve address 10 w	hich approve	d copy of this j	form is to be.	seni) ;
Name of Authorized Transporter of Casing	nhead Cae								•
Fame of Authorized Transporter of Casinghead Gas or Dry Gas [ Gas Company of New Mexico				_ ,	ve address so w				
well produces oil or liquids, Unit Sec. Two.				lge. Is gas actuall	Post Office Box 1899 Bloomfield, NM 87413  e. Is gas actually connected?   When?				
ive location of tanks.	<u>i                                     </u>	- 1	İ		-	i when	1 :		
this production is commingled with that for the COMPLETION DATA	rom any other	lease or po	ool, give comm	ingling order num	ber:				
v. COMPLETION DATA		01111111	<u> </u>	<del></del>					
Designate Type of Completion -	· (X) {	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to F	Prod.	Total Depth		J	P.B.T.D.		
				·			1.0.1.0.		
levations (DF, RKB, RT, GR, etc.)	Name of Prod	lucing Form	nation	Top Oil/Gas Pay			Tubing Depth		
rforations									
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HOLE SIZE		BING, C			NG RECORI DEPTH SET	O		ACKS CEMI	ENT
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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.