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

I.	TO TRANSPOR	DWABLE AND AUTHORI TOIL AND NATURAL GA	201101V		
Operator		· OIL MID NATORAL GA	Well API No.		
Merit Energy Company			30-045-13303		
	de Deden Communication			- 12503	
Reason(s) for Filing (Check prope	it Drive, Suite #500 [Dallas, Texas 75251			
New Well	Change in Transporter of	Other (Please expla	in)		
Recompletion	Oil Dry Gas	э: П			
Change in Operator	Casinghead Gas Condensate				
If change of operator give name			· · · · · · · · · · · · · · · · · · ·		
U. DECORPORATION OF THE	Southern Union Exploratio	n Company 324 Hwy US	64, NBU3001 Fa	rmington, NM	
U. DESCRIPTION OF W Lease Name	VELL AND LEASE				
Nickson	Well No. Pool Name, I		Kind of Dease	Lease No.	
Location	I_I Balla	ard Pictured Cliffs	State, Federal of Fee	SF078431	
Unit Letter J	: 1750 Feet From Th	Courth 175	^		
	Peet From Th	ne South Line and 175	Feet From The	East Line	
Section 23 T	ownship 26 North Range 8	West NMPM, Sa	an Juan	C	
II DESIGNATION OF T	CD A NGDODEDD OF OR			County	
Name of Authorized Transporter of	TRANSPORTER OF OIL AND NA	ATURAL GAS			
		Address (Give address to which	n approved copy of this form	is to be sent)	
lame of Authorized Transporter of		Address (Give address to which	h approved conv of this for	t is to be seed	
Gas Company of New Mexico		Address (Give address to which approved copy of this form is to be sent) Post Office Box 1899 Bloomfield, NM 87413			
well produces oil or liquids, we location of tanks.	Unit Sec. Twp.	Rge. Is gas actually connected?	When ?	1, NM 8/413	
	h that 6		_L		
COMPLETION DATA	h that from any other lease or pool, give comm	ningling order number:			
	Oil Wall Garage	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Designate Type of Comple	etion - (X) Oil Well Gas Wel	New Well Workover	Deepen Plug Back Sai	ne Res'v Diff Res'v	
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
water (DE nyn ne		·	r.b.1.D.		
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay Tubing Depth			
forations					
		·	Depth Casing Sh	oe oe	
	TIRING CASING AN	ID CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
,		DEFIN SET	SACI	KS CEMENT	
TEST DATA AND DEOL	HEST FOR ALLOWARDS				
WELL Test must be at	UEST FOR ALLOWABLE				
First New Oil Run To Tank	fier recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump,	le for this depth or be for fu	1 24 hours.)	
		Trouvering retention (Priow, pump,)	gas iyi, eic.)	GETYE	
gth of Test	Tubing Pressure	Casing Pressure	Chokesia		
10.10.			Af	PR1 2 1993	
al Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCE		
			UIL OIL	CON. DIV	
S WELL				DIST. 3	
al Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conden		
g Method (pitot, back pr.)	Tubles been 100		and the second s		
B mesico (puor, oack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
ODED ATOR CERTIFIC	ICA TIP OF STATE				
OF ERATUR CERTIF	ICATE OF COMPLIANCE	OIL CONOT	DVATION	1010::	
ereby certify that the rules and re-	nd that the information given above	OIL CONSE	RVATION DIV	ISION	
	are impringenou Rived \$0006	11	APR 1 2 1993		
true and complete to the best of m	ny knowledge and belief.	11 🚗	DER 1 7 1993		
true and complete to the best of m	ny knowledge and belief.	Date Approved _	HI II 1 1000		
randol hen	ny knowledge and belief.		H1 N 1 Δ 1555		
mature	il	Date Approved _	1) And		
randol hen	ence Vice-President	Ву	AVISOR DISTRICT	42	

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.