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, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	IO INANSPUR	RT OIL AND NATURAL GA	S
		oi oic (di)	Well API No.
Merit Energy	Company		130-045-24475
	Drive, Suite #500	Do11- m 75054	
Reason(s) for Filing (Check proper box	e)	Dallas, Texas 75251 Other (Please explain	
New Well	Change in Transporter	of:	")
Recompletion	Oil Dry Gas		
Change in Operator KX	Casinghead Gas Condensate	: 🔲	
If change of operator give name and address of previous operator Sout	hern Union Exploration	on Company 22/ V	
II DESCRIPTION OF MEL	LAND I DAG	on company 324 Hwy USE	64, NBU3001 Farmington, NM
II. DESCRIPTION OF WELI Lease Name			
Hodges	Well No. Pool Name, 20 Ball	ard Pictured Cliffs	Kind of tease Lease No. State Federal or Fee CE
Location			SF078432
Unit Letter D	:990 Feet From T	n North 1 200	
	0.0	ile <u>Ivoi Lii</u> Line and <u>820</u>	Feet From The West Line
Section 34 Towns	hip 26 North Range	8 West , NMPM, San	Juan County
III. DESIGNATION OF TRAI	MCDODTED OF ON AND AND		County
III. DESIGNATION OF TRA! Name of Authorized Transporter of Oil	or Condensate	ATURAL GAS	
		Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Casin		XX Address (Give address to which	approved copy of this form is to be sent)
Gas Company of New Mex	kico		800 Dlanes 1 1 1 200 000
If well produces oil or liquids, ive location of tanks.		Rge. is gas actually connected?	899 Bloomfield, NM 87413 When?
			<u>i</u>
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give com	mingling order number:	
	Oil Well Gas We	all N. v. v. v.	
Designate Type of Completion	- (X) Gas We	ell New Well Workover D	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	BRTD
			P.B.T.D.
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
erforations			Jesting Sepai
			Depth Casing Shoe
	TIDING CASING AL	ND CELLENIA	
HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD	
	UNION TODING SIZE	DEPTH SET	SACKS CEMENT
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TEST DATA AND REQUES	T FOR ALLOWABLE		
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TEST DATA AND REQUEST L WELL (Test must be after rec te First New Oil Run To Tank	FFOR ALLOWABLE covery of total volume of load oil and m Date of Test	nusi be equal to or exceed top allowable Producing Method (Flow, pump, ga	for this depth of be for suffer a few and the suffer suffer as lift, etc.)
L WELL (Test must be after rec	FFOR ALLOWABLE covery of total volume of load oil and m Date of Test Tubing Pressure	1_	2
L WELL (Test must be after recte First New Oil Run To Tank	covery of total volume of load oil and m Date of Test	nust be equal to or exceed top allowable Producing Method (Flow, pump, ga Casing Pressure	for this depth of the for supplied flowers of the state of the supplied of the
L WELL (Test must be after receive First New Oil Run To Tank	covery of total volume of load oil and m Date of Test	1_	Choke Size APR1 2 1993
L WELL (Test must be after recte First New Oil Run To Tank ingth of Test ual Prod. During Test	covery of total volume of load oil and m Date of Test Tubing Pressure	Casing Pressure	Choke Size APR1 2 1993 Gas- NOIL CON. DI
L WELL (Test must be after recte First New Oil Run To Tank 12	covery of total volume of load oil and m Date of Test Tubing Pressure Oil - Bbls.	Casing Pressure	Choke Size APR1 2 1993
L WELL (Test must be after recte First New Oil Run To Tank 12	covery of total volume of load oil and m Date of Test Tubing Pressure	Casing Pressure	Choke Size APRI 2 1993 Gas- MOIL CON. DIN DIST. 3
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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.