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 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

			OIL AND NATURAL GA			
Merit Energ	y Company		Well API No.			
Address	, <u>,, </u>			30-045-24523		
12221 Merit	Drive, Suite #5	00 Da	llas, Texas 75251			
Reason(s) for Filing (Check proper of New Well	•		Other (Please explai	(n)		
Recompletion		Transporter of:				
Change in Operator		Dry Gas				
If change of country sive		Condensate				
and address of previous operator So	uthern Union Expl	Loration	Company 324 Hwy IIS	64 NRU3001 Fo	vminate. W.	
II. DESCRIPTION OF WE	LL AND LEASE		, , , , , , , , , , , , , , , , , , ,	oz, munuu	Turngron, NM 1	
Lease Name		Pool Name, Inc	luding Formation	Kind of bease		
Hodges	21		d Pictured Cliffs	State, Federal or Fee	Lease No.	
Location					SF078432	
Unit Letter A	:1265r	eet From The	North Line and 940	Feet Emm The	P	
Section 34 Tow	06			reet rioin the	Line	
Section 34 10W	vnship 26 N R	Range	8 ₩ ,NMPM, San	. Juan	County	
II. DESIGNATION OF TR	ANSPORTER OF OU	. AND NAT	TIDAT CAC			
Name of Authorized Transporter of O	or Condensat	te	Address (Give address to which	approved conv of this form	(in to be sent)	
Y				PP = copy of mas join	is to be sem)	
Name of Authorized Transporter of Co	<u></u>	r Dry Gas XX		approved copy of this form	is to be sent)	
Gas Company of New M I well produces oil or liquids,			Post Office Box 1	899 Bloomfield	1. NM 87413	
ive location of tanks.	Unit Sec. T	wp. Rg	e. Is gas actually connected?	When ?	-, 111 07417	
this production is commingled with the	hat from any other lease or exc			<u></u>		
V. COMPLETION DATA		a, give continui	iging order number:			
Desired T	Oil Well	Gas Well	New Well Workover	Deepen Plug Back Sar		
Designate Type of Completion		i	Train treat Workover	Deepen Plug Back Sar	ne Res'v Diff Res'v	
ate Spudded	Date Compl. Ready to Pro	xd.	Total Depth	P.B.T.D.		
				1.5.1.5.		
evations (DF, RKB, RT, GR, etc.)	Name of Producing Forma	ition	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
riorations			<u> </u>			
				Depth Casing Sh	⊙e	
	TIDING CA	CINIC AND				
HOLE SIZE	SIZE CASING & TUBING SIZE		CEMENTING RECORD			
			DEPTH SET	SACH	SACKS CEMENT	
-						
mnom to . m				Į.	1	
TEST DATA AND REQUE	ST FOR ALLOWABL	Æ				
L WELL (Test must be after	recovery of total volume of loa	E id oil and must	be equal to or exceed top allowable	e for this depth or be for ful	1 24 hows.)	
TEST DATA AND REQUE L WELL (Test must be after the First New Oil Run To Tank	EST FOR ALLOWABL recovery of total volume of loa Date of Test	E Id oil and must	be equal to or exceed top allowable Producing Method (Flow, pump, g	as lift, etc.)	AC R SE CE THE	
L WELL (Test must be after te First New Oil Run To Tank	Date of Test	E nd oil and must	Producing Method (Flow, pump, g	as lift, etc.)	AC R SE CE THE	
L WELL (Test must be after te First New Oil Run To Tank	recovery of total volume of loa	E nd oil and must	be equal to or exceed top allowable Producing Method (Flow, pump, g Casing Pressure	Charles lift, etc.)	ENGE	
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L WELL (Test must be after e First New Oil Run To Tank gth of Test	Date of Test	E id oil and must	Producing Method (Flow, pump, g	Charactize Charactize APR	1 2 1993	
L WELL (Test must be after e First New Oil Run To Tank gth of Test ual Prod. During Test	Date of Test Tubing Pressure	E ad oil and must	Producing Method (Flow, pump, g Casing Pressure	Charlize APR Gas-MCF	1 2 1993 CON. D.	
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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.