Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

Address (Give address to which approved copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 4299, Farming Copy of this form is to be sent)   P.O. Box 42102, Houston, TX 77252-2120   P.O.	1000 Rio Brazos Rd., Aztec, NM 8741	0 05	OUECT			~~~	5. 5							
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil    Merit Alan Oil Inc.   X    Or Condemnate   Address (Given address to which approved copy of that form is to be sent)   Merit Alan Oil Inc.   X    Or Condemnate   Address (Given address to which approved opp of that form is to be sent)   Merit Alan Oil Inc.   X    Or Condemnate   Address (Given address to which approved opp of that form is to be sent)   Ment of Authorized Transporter of Casinghiand Gas   Or Dry Gas   X    Address (Given address to which approved opp of that form is to be sent)   Ment of Authorized Transporter of Casinghiand Gas   Or Dry Gas   X    Address (Given address to which approved opp of that form is to be sent)   P. O. Box 2120, Houston, TX 77252-2120   Man 7   P. O. Box 2120, Houston, TX 77252-2120   P. O. Box 2120, Houston,	Section 22 Towner	nin 2	911	Dage	_	10	k	<		-		Line		
Mart of Authorities Transporter of Unit.   Mart of Authorities Transporter of Configurated Case   P.O. Box & 239.   Farmington. NW 87499								мрм,	DAN	JUAN		County		
Meridian 0.11 Inc.  Name of Authorized Transporter of Categories and Gas Union [P.O. Box 4289, Farming Comp. MM 87499]  P.O. Box 4289, Farming Comp. MM 87499  Address (Give address to which approved copy of this form is to be sent) P.O. Box 2120, Houston, TX 77252-2120  If well produces of or liquide, When 7  If well produces of or liquide, When 7  If well produces of or liquide, When 7  If the produces of or liquide, V. COMPLETION DATA  Designate Type of Completion - (X)  Due Compl. Ready to Prod.  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  Top ON/Gas Pay  Tables Depth  P.B.T.D.  Designate Type of Completion - (X)  Tables Depth  P.B.T.D.  Tables Depth  P.B.T.D.  Tables Depth  P.B.T.D.  Tables Depth  P.B.T.D.  Despit Cassing Pay Depth  P.B.T.D.  Tables Depth  Tables D	III. DESIGNATION OF TRA	<b>NSPORT</b>	ER OF O	IL A	ND N	ATU	RAL GAS							
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Union Exas Petro leum Corp.  If well produces do it legisles.  Unit   Sec.   Twp.   Rgs.   Is gas accessed by   Houston, TX   77252-2120  When 7   Twell produces do it legisles.  Unit   Sec.   Twp.   Rgs.   Is gas accessed by   When 7    If well produces do commended with that from may other leases or pool, pre commending order sumber:  V. COMPLETION DATA  Designate Type of Completion - (X)   Oil Well   Gas Well   New Well   Workover   Deepen   Prog Back   Sames Rev   Diff Rest    Date Spudded   Date Compl. Rendy to Frod.   Total Deepth   P.B.T.D.  Designate Type of Completion - (X)   Oil Well   Gas Well   New Well   Workover   Deepen   Prog Back   Sames Rev   Diff Rest    Date of Completion - (X)   Date of Completion - (X)   Total Deepth   P.B.T.D.  Designate Type of Completion - (X)   Name of Froducing Formation   Total Deepth   P.B.T.D.  Designate Type of Completion - (X)   Oil Well   Gas Well   One Well   Workover   Deepen   Prog Back   Sames Rev   Diff Rest    Designate Type of Completion - (X)   Oil Well   Gas Well   One Well   Workover   Deepen   Prog Back   Sames Rev   Diff Rest    Designate Type of Completion - (X)   Oil Well   Gas Well   Oil Deepth   P.B.T.D.  Total Deepth   P.B.T.D.  Tubing Prog. Casing And CEMENTING RECORD   Deepth SET   SACKS CEMENT    TEST DATA AND REQUEST FOR ALLOWABLE   Total volume of load oil and most be apeal to or exceed top allowable for this depth or be for full 2d honers.)  It WELL   Total man be offer recovery of total volume of load oil and most be apeal to or exceed top allowable for this depth or be for full 2d honers.)  It WELL   Total man be offer recovery of total volume of load oil and most be apeal to or exceed top allowable for this depth or be for full 2d honers.)  It WELL   Total man be offer recovery of total volume of load oil and most be apeal to or exceed top allowable for this depth or be for full 2d honers.)  It was a full for the full for this depth or be for full 2d honers.)  It was a full for this depth or be for full 2d honers.)  It was a full for th	Name of Authorized Transporter of Casinghead Gas or Dry Gas					<u> </u>								
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Designate Type of Completion - (X)  Designate Type of Completion - (X)  Descriptions (DF, REB, RT, GR, etc.)  Name of Producing Formation  Top Oli/Gas Pay  Tubing Depth  Pag Back   Same Ras'v   Diff Res'v    Page Back   Same Ras'v   Diff Res'v    Descriptions (DF, REB, RT, GR, etc.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  IL WELL   Get manual be after recovery of total volume of load oil and must be aqual to or exceed top allowable for this depth or be for full 24 hours.)  stars First New Oil Rus To Task   Date of Test   Producing Method (Flow, pump, ges 1ft, etc.)  respit of Test   Tubing Pressure   Casing Pressure   Choka Size    could Prod. During Test   Oil - Bbls.   Water - Bbls.   Gas-MCF    ANS WELL    could Prod. Test - MCF/D   Leight of Test   Bbls. Condemanta/MMCF   Grevey of Condemation    LOPERATOR CERTIFICATE OF COMPLIANCE   Date of the third that the internations gives above in true and completed with send that the transmission of the Oil Conservation    Division have been compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in true and compiled with send that the transmission gives above in	f this production is commingled with that	from any c	ther lease or	poot.			ine only and		L					
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GAS WELL  CIT Sols.  CHAS WELL  C	-mgui or rea	Tubing Pre	SALITE			!	Casing Pressure	•		Choke Size				
AS WELL  CHAIN Prod. Test - MCF/D  Langth of Test  Bibls. Condensess/MMCF  Gravity of Condensess  Bibls. Condensess/MMCF  Gravity of Condensess  Casing Pressure (Shui-in)  Choks Size  Condensess (Shui-in)  Choks Size  Condenses (Shui-in)  Choks Size  Condensess (Shui-in)  Choks Size  Condenses (Shui-in)  C	ctual Prod. During Test   Oil - Bbls.						Water - Bbis.			Gas- MCF				
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I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.  Signature  Annette C. Bisby Env & Req. Secretry Printed Name  08-09-89  (713)968-4012  OIL CONSERVATION DIVISION  Date Approved  AUG 28 1989  By	ctual Prod. Test - MCF/D	Length of	Test			- 11	Bbls. Condense	MMCF		Gravity of Co	adentate	<del></del>		
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.  Date Approved  Aug 28 1989  By  Title  Title  Title  Title  Title  Title  Title  Title  Title			(4	-,			American Committee	(20M-12)	ı	Choke Size				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.  Date Approved  Aug 28 1989  By  Title  Title  Title  Title  Title  Title  Title  Title  Title	L OPERATOR CERTIFICA	ATE OF	COMPI	IAN	CE									
Signature  Annette C. Bisby Env & Reg. Secretry  Printed Name  08-09-89  (713)968-4012  Date Approved  AUG 28 1989  By  Title  Title  Title  Title  Title  Title	I hereby certify that the rules and regulations of the Oil Conservation						O	IL CONS	SERVA	TION D	IVISION	1		
Signature  Annette C. Bisby Env & Reg. Secretry  Printed Name  08-09-89  (713)968-4012  By 3  Supervision district # 3	is true and complete to the best of my knowledge and belief.													
Signature  Annette C. Bisby Env & Req. Secretry  Printed Name  08-09-89  (713)968-4012  By	(1 'H AR')					-	Date ApprovedAUG 2 8 1989							
Annette C. Bisby Env & Reg. Secretry Printed Name 08-09-89 (713)968-4012 Title Title Title	Signature ( Carbo					-	1							
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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.