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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

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OIL CONSERVATION DIVISION

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DEC 7 1993

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Merit Energy Company	Well API No. 30 015 27580
Address 12222 Merit Drive, Suite 1500 Dallas, Texas 75251	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sundance Federal	Well No. 13	Pool Name, including Formation West Sand Dunes Delaware	Kind of Lease State (Federal or Fee)	Lease No. NMO31963
Location Unit Letter <u>K</u> : <u>1980'</u> Feet From The <u>south</u> Line and <u>1980'</u> Feet From The <u>west</u> Line Section <u>5</u> Township <u>24S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 4	Sec. 24S	Twp. 31E	Rge. 31E	Is gas actually connected? yes	When? 12/9/93
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/30/93	Date Compl. Ready to Prod. 12/9/93		Total Depth 8171		P.B.T.D. 8131			
Elevations (DF, RKB, RT, GR, etc.) 3437.7 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7825		Tubing Depth 7625			
Perforations 7825' - 8024'					Depth Casing Shoes 8171			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		650		522 <i>Perf ID-2</i>			
11	8 5/8		4100		1810 <i>2-4-94</i>			
7 7/8	5 1/2		8171		1124 <i>comp & BK</i>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 12/14/93	Date of Test 12/16/93	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24	Tubing Pressure 300	Casing Pressure 0	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 202	Water - Bbls. 156	Gas - MCF 456

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 given above is true and complete to the best of my knowledge and belief.

Sheryl J. Carruth
Signature
Sheryl J. Carruth Regulatory Manager
Printed Name
12/21/93 (214) 701-8377
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 1993

By _____
Title SUPERVISOR, DISTRICT II

- 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.