Submit 5 Copies
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

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.		EQUEST TO T	FOH RANS	ALLO\ PORT	OIL AND	ND AUTH	ORIZATIO	NC		
Operator			10	, On	OIL AND	NATURA		Vell API No.		
Merit Energy Con		70.000.000					060			
	vo Cuita	1500						ac Ci	4 23	UDY
12222 Merit Driv Reason(s) for Filing (Check pr	oper harl	LUUU	# 5 ⁵		Dallas,					
New Well	ope. 661)	Change	· ! T			Other (Please	explain)			
Recompletion	Oil	Change	Dry	sporter of:	7					
Change in Operator X	Casin	ghead Gas	Cond	lensate [Effoct	ivo Juma	. 1 . 100		
If change of operator give name and address of previous operator						LITECT	ive June	1, 1993	3	
		ii dillon	LAP.	LULALI	on Compa	$\frac{1}{2}$	Hwy US64	, NBU300)1 Fari	mington,
II. DESCRIPTION OF Lease Name	WELL AND									
Jicarilla B					, Including Formation			Kind of bease Lease No.		
Location	<u>, </u>	12 Blanc			o Mesa Verde			State Federal or Fee Contract 10		
Unit Letter _ B		905	_		M					
	·		Feel F	rom The	North L	ine and	1520	Feet From The	East	Line
Section 35	Township	26 N	Range	4	W	NMPM,	Rio Arri	.h.		
III DECIGNATION OF							KIO ALLI	.Da		County
II. DESIGNATION OF Name of Authorized Transporter	TRANSPORT	TER OF O	IL AN	D NAT	URAL GAS	3				
Giant Refinin	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	or Coade	nsale	X.	Address (G.	ive address so	which approve	ed copy of this	form is to be	seni)
Name of Authorized Transporter	of Casinghead Gas		or Day	Goa (See	P.O. E	30x 256 Far	mington, NI	A 87499		
GCNM					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413					
f well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge	. Is gas actual					
	L		i	f	J		l whe	n 7		
this production is commingled w. COMPLETION DAT	ith that from any o A	ther lease or j	pool, give	comming	ling order num	ber:				
Designation To the Control of the Co		Oil Well	G	as Well	New Well	1 111. 1		·		
Designate Type of Comp.	letion - (X)	1	i		I HEM MEII	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ale Spudded	Date Com	pl. Ready to	Prod.		Total Depth	l	J	DRTD		
unlines (DE DER DE CO		11—11—11—11—11—11—11—11—11—11—11—11—11—						P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
forations								Lucing Depa	•	
								Depth Casing	Shoe	
		TIRING C	TA CINIC	AND	CE) (E)	10 p====				
HOLE SIZE	CAS	SING & TUB	ING SIZ	E VIAD I	CEMENTIN			· · · · · · · · · · · · · · · · · · ·		
						DEPTH SET		SA SA	CKS CEME	NT
								<u> 5</u>		
· · · · · · · · · · · · · · · · · · ·					··			2.4		
TECT DATA AND DEC	VII.2012					10	M (1 3 13)	14		
TEST DATA AND REQ	UEST FOR A	LLOWAB	LE			- 18 1		1.130		
First New Oil Run To Tank	fter recovery of tou	al volume of l	load oil a	nd must b	e equal to or ex	ceed top allow	able for this c	lepth or be for	ſшl 24 hows	·.)
	Date of Test				roducing Meth	od (Flow, pur	h gos lift, etc	.)		
th of Test	Tubing Press	aire			aring Donom		·		<i>1</i> 5	
	1	~10			Casing Pressure			Choke Size		
al Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
				1			1	14101,		1
S WELL							—— <u> </u>			
l Prod. Test - MCF/D	Length of Te	st		ia i	ols, Condensate	ММС В				
					CONDUMENTALIATION			Gravity of Condensate		
g Method (pitot, back pr.)	Tubing Press.	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
				- 1	`	•	١			
OPERATOR CERTIF	ICATE OF C	OMPLIA	NCE							
creay certify that the rules and regulations of the Oil Consequent					OIL CONSERVATION DIVISION JAN 0 3 1994					
vision have been complied with a rue and complete to the best of m	nd that the informa-	11 mm - 1 m	ove				JAN	0 3 1992		l
and the second s	y knowledge and b	elief.			Date Ar	nroved	O I I I	5 = \JU	•	*
Way Car		52.50			Date Ap	proved				·
nature				_	D.,	-2	(مسد	Short		
Sheryl J. Carruth Regulatory Manager					By SUPERVISOR DISTRICT #S					
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12/29/93	· · · · · · · · · · · · · · · · · · ·			-	Title	St.	JPERVIS(OR DISTH	ाटा हुन	

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.