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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Monda France	0		Well API No.		
Merit Energy Company Address			130-045	30-045-05834	
	Drive, Suite #500	Dallas Torga 75051			
Reason(s) for Filing (Check proper b	vox)	Dallas, Texas 75251 Other (Please explain	n)		
New Well	Change in Transporter				
Recompletion	Oil Dry Gas				
Change in Operator KX	Casinghead Gas Condensate	e [_]			
and address of previous operator Sol	uthern Union Explorati	on Company 324 Hwy US	64. NRH3001 Fa	rmington NM	
II. DESCRIPTION OF WEI	LL AND LEASE		,	Introgram, Mr.	
Lease Name		, Including Formation	Kind of Lease	1	
Newsom	l i	lard Pictured Cliffs	State, (Federal) or Fee	Lease No. SF078433	
Location				1 32 37 3 3	
Unit LetterJ	: 1650 Feet From	The South Line and 1650	Feet From The	East Line	
Section 18 Town	nship 26 N Range	8 ₩ ,NMPM, San	Juan		
			J dail	County	
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi	ANSPORTER OF OIL AND N	NATURAL GAS			
The of Additionized Transporter of Of	il or Condensate	Address (Give address to which	h approved copy of this form	is to be sent)	
Name of Authorized Transporter of Ca	asinghead Gas Or Dry Gas	VV Address (Give address to which	approved conv. of this form	in the first of	
Gas Company of New M			Address (Give address to which approved copy of this form is to be sent) Post Office Box 1899 Bloomfield, NM 87413		
The second secon		Rge. Is gas actually connected?	y connected? When ?		
V. COMPLETION DATA	hat from any other lease or pool, give con	mmingling order number:			
	Oil Well Gas V	Vell New Well Workover	Deepen Plug Back Sai	ne Res'v Diff Res'v	
Designate Type of Completic	on - (X)	i i i	l log back [3at	ne kes v jali kes v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of D. 1 in D	To- Old 5			
icvations (Dr., KAB, KI, GK, EIC.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
erforations			Depth Casing Sh		
			beput Casing Si	. Oe	
	TUBING, CASING	AND CEMENTING RECORD	<u>-</u>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACI	KS CEMENT	
TEST DATA AND REQUE					
IL WELL (Test must be after tte First New Oil Run To Tank	recovery of total volume of load oil and	must be equal to or exceed top allowable	le for this depth or be for fu	Il 24 hours.)	
HE PIRE NEW OII KUR 10 Jank	Date of Test	Producing Method (Flow, pump,)	gas lift, etc.)		
ngth of Test	Tubing Pressure	Casing Pressure		9 15 1 1 15	
	Tuoning Pressure	Casing Pleasure	Charles Size	D = 0 1002	
tual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	R1 2 1993	
				CON. Di	
AS WELL				DIST. 3	
tual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conder		
See Make 17 2 2 1 1			The second secon		
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
ODED ATOD CEDTIFICA					
	CATE OF COMPLIANCE	OII CONSE	יים ואכודאעם:	ISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION		
s true and complete to the best of my	knowledge and belief.	Data Anamari	APR 1 2 1993		
\bigcap		Date Approved _	ALIV T P 1990		
Simply Shoold Gene		- pu			
Signature Donald E. Spence Vice-President		by	By By Charl		
Printed Name Title		TitleSUPE	Title SUPERVISOR DISTRICT #3		
Arril 1, 169		- ime			
Date	Telephone No.	11			

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.