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

DISTRICT III - D4 A-ren NIM 87410 Santa Fe, New Mexico 87504-2088

I.							AUTHORI TURAL G				ż	
Operator									API No.			
Merit Energy	Company									 		
Address 12221 Merit D	rive, S	uite 5	00, 1	Dalla	as,	Texas	75251					
Reason(s) for Filing (Check proper box)						Ou	ner (Please expl	lain)				
New Well		Change in	-									
Recompletion	Oil		Dry G		╣.							
Change in Operator	Casinghea		Conde									
If change of operator give name and address of previous operator Sout	<u>hern Un</u>	ion Ex	plora	ation	<u>1 C</u>	ompany,	504 Lava	aca #960	, Austi	. Texas	78701	
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name Well No. Pool Name, Includin							Ctota Federal or Fee					
Susco State Location		3	J UI	naesi	Lgn	ated 50	n Hods	25 2	,	LG32	19	
Unit Letter N	_ :6	60	Feet F	rom The	<u>S</u>	outh Lir	e and198	30 F	eet From The	West	Line	
Section 19 Townsh	ip 9S		Range	33	3E	, <u>N</u>	мрм,	Lea			County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	II. AN	ID NA	TU	RAL GAS	TA					
Name of Authorized Transporter of Oil		or Conder				Address (Gi	ve address to w	hich approved	l copy of this j	form is to be s	eni)	
lame of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					int)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	1 1	Rge.	Is gas actual	ly connected?	When	1?			
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or	pool, gi	ve comm	ning	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth			P.B.T.D.		- · · · · ·	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations						I			Depth Casing Shoe			
		TIRING	CASI	NG A	ND	CEMENTI	NG RECOR	2D	<u> </u>			
HOLE SIZE CASING & TUBING SIZE						CENTER	DEPTH SET			SACKS CEMENT		
11000000	O.L.C.				-							
W THE THE PROPERTY AND DECLE	CT FOR	TI OW	ADIE						<u> </u>			
V. TEST DATA AND REQUE	SIFUK F	Nal volume	of load	oil and	must	be equal to or	exceed top all	owable for thi	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
						G D.			Choke Size			
Length of Test	Tubing Pressure				Casing Press	ure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL	<u> </u>	- <u></u> -					·, - · · · · · · · · · · · · · · · · · ·		 			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Conder	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	LATE OF	COMF	LIA	NCE			211 223	IOED\	ATION	רוו יוסיכ		
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 APR 0 6 1993					
is true and complete to the best of my						Date	Approve	ed	71 N U	v 1000		
randol frence						g. Signed by By Paul Kautz						
Signature Donald Spence Vice President						By Paul Kautz Geologist						
Printed Name April 1, 1993 2	14-701-	 8377	Title			Title						
Date Date			phone N	No.	_							

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.

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