Submit 5 Copies
Appropriate District Office
DISTRICT 1
LO. Box 1980, Hobbs, NM 88240

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

Energ;

State of New Mexico inerals and Natural Resources Department ECT'VED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 23 '90

for 1 to 1 had

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR	ALLOWA	BLE AND AUTH	ORIZ	ZATION	€ 1 KU E. A RTESIA, OFFIC	E		
ι.	TOT	RANS	SPORT O	IL AND NATURA	L GA	\S	I API No.			
Operator	Well									
Merit Energy Company Address						3	0-005-605	84		
1221 Merit Drive, Sui Reason(s) for Filing (Check proper box)	te 1040, Da	allas	s, TX 7	5251 Other (Plea	e expla	iin)				
New Well	Change		nsporter of:							
Recompletion	Oil		y Gas							
Change in Operator X	Casinghead Gas		ndensate			.,. 		• •		
•		Corpo	oration,	850 United B	nk J	Plaza,	Drawer 73	O, Roswe	<u>ell, NM 8</u> 82	
II. DESCRIPTION OF WELL	Well N	ol Name, Inch	nd of Lease		case No.					
MM Federal	1			lope Abo, Sou	th_	Sta	Federa or Fe	MM-05	559993	
Location					400			Unnt		
Unit Letter K	:1980	Fe		South Line and _	198		Feet From The	west	Line	
Section 31 Township	9 S	Ra	inge 26E	, NMPM,	<u>C</u>	<u>haves</u>	<u></u> ,		County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL	AND NAT	URAL GAS				i- e- l	(and)	
Name of Authorized Transporter of Oil	or Cor	ndensate		Address (Give addre					eruj	
ride Pipeline					P. O. Box 2436, Abilene, TX 79604 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing		or or	Dry Gas [XX	P. O. Box 1				7251-11		
<u>Iranswestern Pipeline</u>		170	vp. Rg				hen ?	7601 11		
If well produces oil or liquids, give location of tanks.	Unit S∞.		*p. ^\g	Yes		i	2-27-	80		
of this production is commingled with that	from any other lease	or poo	d, give commi							
IV. COMPLETION DATA	nom any outer reason		.,,						 ,	
	Oil V	Vell	Gas Well	New Well Work	over	Deepe	n Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion						J		<u> </u>		
Date Spudded	Date Compl. Read	iy to Pr	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Form	ation	Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth		
F = 1	continue							Depth Casing Shoe		
Perforations				•						
	TUBIL	1G. C.	ASING AN	D CEMENTING R	ECOR	RD				
HOLE SIZE	CASING & TUBING SIZE			DEPT	DEPTH SET			SACKS CEMENT		
11000 0.00										
The second secon	DE FOR ALL C	NU A D	I E							
V. TEST DATA AND REQUES	51 FOR ALLC	uma of	lood oil and m	ust be equal to or exceed	top all	lowable foi	r this depth or be	for full 24 ho	nurs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	une of	1000 00 000	Producing Method (Flow, p	ump, gas l	ift, etc.)			
Date Line Mea On Man 10 1 and	Jane 01 103						 	Pos	Led ID-	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	8	- 31-90	
1				Water - Bbls.			Gas- MCF	Pa las	a PP	
Actual Prod. During Test	Oil - Bbls.			Water - Boile				- Ore	201	
GAS WELL								·		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/M	MCF		Gravity of	Condensate		
								Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (Sh	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF CO	MPI	JANCE	011	^~'	NOCE)\/ATI^\!	DIMICI	ΟN	
VI. OPERATOR CERTIFIC	JAIL OF CO	onserval	tion		COI	NSEF	RVATION	וופועום	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							A	4 44.44		
is true and complete to the best of my	knowledge and beli	ief.		Date Ap	orove	ed	AUG 3	1 1990		
	~	~								
Level Co	1.00	20	aller	≥ By	EKG'	NUL SI	GNED BY			
Signature	bond	/Dog	. Admin.			WALLER				
Sheryl J. Carruth	P4000		<u>Adlii III </u>				t, DISTRICT	19		
8-20-90	(214)_	701-8	3377	_						
Date	<u>} = </u>		none No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.