nit 5 Copies
propriate District Office
DISTRICT I
O.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico nerals and Natural Resources Department Energy:

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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

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ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410	REQUES	r FOR	ALL	OWAB	LE AND A	UTHORIZ	ATION A	KIZUM, OFF	ICE		
	TO TRANSPORT OIL AN					Well API No.					
rator						30-6			005-60855		
Merit Energy Company / ddress	<u> </u>			750							
12221 Merit Drive, Suit cason(s) for Filing (Check proper box)	te 1040,	Dallas	<u>, L</u>	X/52	Other	(Please explai	n)				
ew Well	Chai	nge in Tran	•	r of:							
ccompletion	Oil		/ Gas	닏				c		ì	
hange in Operator	Casinghead Gar	. Co	ndens2	ie 📙							
change of operator give name d address of previous operator MCCl	ellan Oil		rat	ion, E	350 Unite	ed Bank P	laza,Dr	awer 730	), Roswe	<u>11, NM 8</u>	
	ESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Including						Kind o	(Lease		ease No.	
case Name Dana Federal	1 we				pe Abo,	South	State,	federal or Fee	NM-	35925	
Ocation Unit LetterP	860	Fe	et Fron	n The _S	outh Line	and660	Fo	et From The _	East	Line	
4	<b>9</b> S	Ra	nge	25E	, NN	ирм, Cha	ves			County	
					D.I. GAS						
I. DESIGNATION OF TRANS	SPORTER C	FOIL Condensate			Address (Give	address to wh	ich approved	copy of this fo	orm is to be s	eni)	
me of Authorized Transporter of On					P. O.	P. O. Box 2436, Abilene, TX 79604					
Pride Pipeline  Jame of Authorized Transporter of Casing	head Gas	or	Dry G	as [XX]	Address (Give	e address to wh	ich approved	copy of this fe	orm is to be s	ent)	
Transwestern Pipeline			•	للميت	P. O. B	ox 1188,	<u> Houstor</u>	<u>, TX 7</u>	<u> 7251-11</u>	88	
Transwestern Piperine  well produces oil or liquids,	Unit S∞	. Tv	vp.	Rge.	T	y connected?	l When				
ve location of tanks.		Ĺ		L	Yes			-1/-01			
this production is commingled with that f	from any other le	ase or poo	l, give	comming	ling order numi	per:					
COMPLETION DATA	•	•								him n	
		il Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			İ		<u></u>		<u></u>	<u></u>	<u>L</u>		
ate Spudded	Date Compl. R	eady to Pr	od.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
					<u> </u>				Depth Casing Shoe		
erforations					•			<u> </u>			
	TUI	BING, C	ASIN	G AND	CEMENTI	NG RECOR	.D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE OILE								<u> </u>			
	<del></del>							<u> </u>			
					<u> </u>						
/. TEST DATA AND REQUES	ST FOR AL	LOWAI	BLE					t. Jt. an ha	for 6.01.24 h.	ours )	
/. TEST DATA AND REQUES OIL WELL (Test must be after t	recovery of total	volume of	load o	il and mus	t be equal to o	r exceed top all	owable for in	ato)	jor juit 24 m	, w s.,	
Date First New Oil Run To Tank	Date of Test				Producing M	lethod (Flow, p	ump, gas iyi,	0.0.,			
				<del>,</del>				Choke Size	posi	31.60	
Length of Test	Tubing Pressu	re			Casing Press	aure		Choke on	, 8 -	d 5D-3	
			<u> </u>	Water - Bbls.			Gas- MCF	OP	4 lig		
Actual Prod. During Test	Oil - Bbls.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
CAC WELL	_l										
GAS WELL Actual Prod. Test - MCF/D	Length of Ter	it			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Arma Flor 1691 - Michin								Choke Siz			
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)				Casing Pres	Casing Pressure (Shut-in)			E		
	TARE OF C	TON ADT	TAN	JCF					D1/1/0	ION	
VI. OPERATOR CERTIFIC	CATEOR		۱۹۰۰ (۱۳۷۳ر	10L		OIL CO	NSERV	AHON	פועוט	ION	
I hereby certify that the rules and regu	ulations of the O	Lion give	auon 1 abov	2					40.000		
Division have been complied with and is true and complete to the best of my	u mai me miorin v knowledge and	belief.		_	Dot	e Approve	ed	AUG 3	1320		
18 true and complete to the best of my	And the Control of the Control				Dat	a whhion		<u></u>			
	$\sim$		7	1		<b>C</b>	RIGINAL	SIGNED !	ΒY		
Muncal family					-    By.						
Shervl J. Carruth Prod/Reg. Admin.						SUPERVISOR, DISTRICT IT					
Shery J. Carruth			Title		Titl	e					
8-20-90	(214										
Date			hone l	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
- 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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: HOSES OFFICE