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

DISTRICT II 2.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, ivilnerals and Natural Resources Department Form C-104
Revised 1-1-89
RECEYVED Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 23 '90

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FOR	3 AL	LOWAE	LE AND	AUTHORIZ	ZATIO	N (	::			
ί.	٦	TO TRAN	SPC	RT OIL	AND NA	TURAL GA	S		NA, OFFICE		_	
Operator						Well API No. 30-005- 61926						
Merit Energy Company  Address	,							30-005- 61	920			
12221 Merit Drive, Sui	te 1040	), Dalla	s,	[X752		er (Please expla	in)				$\dashv$	
Reason(s) for Filing (Check proper box) New Well		Change in Ti	ranspoi	ter of:		or (r reade capa	,				.	
Recompletion	Oil Dry Gas											
Change in Operator X Casinghead Gas Condensate												
f change of operator give name and address of previous operator MCCI	ellan (	Dil Corp	ora	tion, 8	350 Unit	ed Bank F	Plaza	Drawer 73	O, Roswe	ell, NM	88202	
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, Including					P. A. Lines				of Lease No.			
Lease Name		1			_	S	(s	int of Lease tate, Federal or Fe		-		
Tolmac State Location		3	reco	s Slop	e Abo, S	SOUT.N			1 1 24	04	$\dashv$	
Unit Letter G	: 231	0 <b>F</b>	eet Fro	om The _N	orth_Lin	e and231	00	_ Feet From The	East	Line		
Section 36 Township	<b>9</b> S	P	Range	25E	, N	мрм,	Cha	ives	<u></u>	County		
III. DESIGNATION OF TRAN	SPORTE			NATU	RAL GAS		.i.b	med come of this	form in to be -	ent)		
. Table of Flamoniate Francisco et al.						Address (Give address to which approved copy of this form is to be sent)  P. O. Box 2436, Abilene, TX 79604						
Pride Pipeline Name of Authorized Transporter of Casing	head Gas or Dry Gas [XX]								copy of this form is to be sent)			
Transwestern Pipeline	, , ,								1, TX 77251-1188			
If well produces oil or liquids,	Unit	Sec. T	wp.	Rge.		y connected?		Vhen ?				
give location of tanks.	i	i i		<u>i</u>	Yes		i	9-2-83				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or po	ol, giv	e commingl	ing order num						<del></del>	
Dei au Tem of Completion	~	Oil Well	C	ias Well	New Well	Workover	Deep	en   Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion  Date Spudded		pl. Ready to P	rod.		Total Depth	L	L	P.B.T.D.	<u></u>		-	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing De	Tubing Depth			
Perforations								Depth Casi	Depth Casing Shoe			
	т	UBING, C	CASIN	NG AND	CEMENTI	NG RECOR	D					
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT			
	ļ											
	ļ				<u> </u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A	LLOWA	BLE	oil and musi	be equal to o	r exceed top allo	owable fo	or this depth or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
					Casing Press	1100	<u></u>	Choke Siz	- Fish	21 0		
Length of Test	Tubing Pressure				<u></u>			Gas- MCF // A D D				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCr Chis OP				
GAS WELL												
Actual Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	ICE			ICE		DIVICI	∩NI		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					Allo 9 1 1000							
is true and complete to the best of my knowledge and belief.					Date Approved AUG 3 1 1990							
2		OKA	1	The	III pour		_		- •. '			
Signature					∥ By-	By O'NGHAL SIGNED 5:						
Sheryl J. Carruth Prod/Reg. Admin.					MIKE WILLIAMS Title SUPERVISOR DISTRICT IF							
8-20-90 (214) 701-8377						Title SUPERVISOR, DISTRICT IF						
Date	<u> </u>		hone N		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.