bmit 5 Copies
propriate District Office
STRICT I
D. Box 1980, Hobbs, NM 88240

STRICT II). Drawer DD, Artesia, NM 88210

State of New Mexico Energy, ... erals and Natural Resources Department

RECEN'SD Form C-104
Revised 1-1-89
See Instructions
AUG 23 '90 Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. 1. 10. ARTESIA, OFFICE

STRICT III 00 Rio Brazos Rd., Aziec, I	NM 87410	REQU	JEST FO	OR AL	LOWAB	LE AND A	UTHORIZ	ZATION	artesia,	OFFICE	
			TO TRA	NSPC	ORT OIL	AND NAT	URAL GA	S	51.51		
perator /								Well A			
Merit Energy Co	mpany /				 -			1 30-	005- 620)4/	
12221 Merit Dri	va Sui	to 104	O Dall	as	TX 752	251					
cason(s) for Filing (Check p	roper box)	<u> </u>	V. 9[2]			Othe	r (Please explo	in)			
ew Well			Change in	-							
ecompletion		Oil	_	Dry Gas							
hange in Operator		Casinghea	d Gas	Conden	sate 📗					<u> </u>	
change of operator give named address of previous operated	tor McCl	ellan	Oil Cor	rpora	tion, 8	350 Unite	ed Bank I	Plaza,Dr	awer 73	O, Roswe	<u>11, NM 8</u> 8
. DESCRIPTION O	F WELL	AND LE		.				1 75: 1	C Tiller	Neft .	ase No.
case Name	Well No. Pool Name, Includi				State 3			Federal or Fee NM-11596			
PJ Federal Cor	<u>n</u>		2	Pecc	s Slop	<u>e Abo, S</u>	outh			1_NM-1	1596
Ocation Unit Letter	В	:66	0	. Feet Fr	om The N	orth_Line	and16	50 Fe	et From The.	Eas	tLine
Section 13	3 Township)	9\$	Range	25	F , NN	ирм,	Chaves			County
	00 mp + ***	0 D	n or o	77 43.77	יי דידי או	DAT CAS					
I. DESIGNATION (SPORTE	or Conden			Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	nt)
•	nici Ol Oli		o, Conoch		\square	1	Box 2436			79604	
Pride Pipeline ame of Authorized Transpo	eter of Casino	head Gas		or Dry	Gas [XX]		e address to wh				nt)
Transwestern Pi			لسسا		نمیں ***	i :	ox 1188.			7251-118	
well produces oil or liquids,		Unit	Sec.	Twp.	Rge.	Is gas actually		When			
re location of tanks.		<u>i</u>	İ	<u> </u>	1	Yes			2-7-84		
this production is comming. /. COMPLETION I	led with that f	rom any ot	her lease or	pool, giv	e commingl	ing order numb	xer:				
······································			Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of C	ompletion -			l_		<u></u>	L	L	L	<u> </u>	
ate Spudded		Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
LOT DED DT CI	Name of E	Producina Fe	mation		Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GF	Name of Producing Formation										
erforations		L				J			Depth Casin	ng Shoe	
									<u> </u>		
		•	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	.D	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	<u> </u>										
		<u> </u>									
		 				 			1		
. TEST DATA AND	REOUES	TFOR	ALLOW	ABLE		J					
IL WELL (Test m	ust be after re	ecovery of I	otal volume	of load	oil and must	be equal to or	exceed top all	owable for the	is depth or be	for full 24 hou	urs.)
Pate First New Oil Run To		Date of To		-		Producing M	ethod (Flow, pr	ump, gas lift,	elc.)		×
									Joseph Size Posted ID-		
ength of Test		Tubing Pressure				Casing Pressure			Choke Size Posted ID- Choke Size 8-31-90 Gas-MCF Chg OP		
						Was Phia			Gas- MCF	01	00
ectual Prod. During Test	Oil - Bbls.				Water - Bbls.				6 M	g OF	
GAS WELL		.1									
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
									Choke Size		
esting Method (pitot, back p	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) Choke Size						
/I. OPERATOR C	ERTIFIC	ATEO	F COM	PLIAN	NCE		011 000	10551	ATION!	בייייייייייייייייייייייייייייייייייייי	581
I hereby certify that the r	LIK I IFIC	ations of th	e Oil Couse	rvation	, 01		OIL CO	USERV	AHON	אואוט	אע
Division have been comp	olied with and	that the inf	ormation gi	ven abov	c					a 1 4000	•
is true and complete to the best of my knowledge and belief.						Date ApprovedAUG 3 1 1990					

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

(214)

Signature Shery]

Printed Name

8-20-90

Date

Carruth

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Ву.

Title

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Prod/Reg. A

701-8377

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

<u>Admin</u>

4) Separate Form C-104 must be filed for each pool in multiply completed wells.