# Submit 5 Copies Appropriate District Office DISTRICT I P.O. Fox 1980, Hobbs, NM 88240

DISTRICT II 2.0. Drawer DD, Artesia, NM 88210

В

Township

Unit Letter

Section

235

10S

Location

Date

#### State of New Mexico Energy, Minerals and Natural Resources Department

5CBV6D	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

\_\_ Feet From The \_\_East\_

Chaves

Line

DISTRICT III	Danta 1 c, New Mickey 07504 2000						
1000 Bio Brazos Rd. Aztec. NM 87410	REQUEST FOR ALLOWABLE AND AUTHO	RIZATION C. S. D.					
1.	TO TRANSPORT OIL AND NATURAL						
Operator		Well API No.					
Merit Energy Company /		30-005- 62474					
Address							
12221 Merit Drive, Suite Reason(s) for Filing (Check proper box)	1040, Dallas, TX 75251 Other (Please e	xplain)					
New Well	Change in Transporter of:						
Recompletion Dil	Dry Gas						
Change in Operator							
If change of operator give name and acdress of previous operator MCCI ell	lan Oil Corporation, 850 United Ban	k Plaza,Drawer 730, Roswel	L1, NM 88202				
II. DESCRIPTION OF WELL ANI	DLEASE						
Lease Name	Well No.   Pool Name, Including Formation	Kind of Lease Lea	ise No.				
McCrea Fee Com	2 Pecos Slope Abo, South	State, Federal of Fee					

Feet From The North Line and 1695

, NMPM,

25E

Range

III. DESIGNATION OF TRA	NSPORT	ER OF O	IL ANI	) NATU	RAL GAS								
larne of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent)										
Pride Pipeline					P. 0.	Box 2436	, Ab	i ler	ne, TX	79604			
Name of Authorized Transporter of Cas	inghead Gas		or Dry C	Gas [XX]	Address (Giv	e address 10 w	hich ap	proved	copy of this f	orm is to be se	nt)		
<u>Iranswestern Pipelin</u>	e Co.				P. O. B	ox 1188.	Hou	stor	n, TX 7	7251-118	38		
If well produces oil or liquids,	Unit	S∞c.	Twp.	Rge.	Is gas actually connected? When								
eve location of tanks.				<u> </u>	Yes			8/1987					
If this production is commingled with th IV. COMPLETION DATA	at from any o	her lease or	pool, give	comming!	ing order num	ber:				<del></del>			
Designate Type of Completio	n - (X)	Oil Well	G	as Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Con	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations					<u> </u>				Depth Casin	ig Shoe			
		TUBING,	CASIN	IG AND	CEMENTI	NG RECOR	.D	·	<u> </u>		<u> </u>		
HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT								
								•	<u> </u>				
	<del> </del>				·								

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test

Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.)

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Prod/Reg. A Shery! Admin Printed Name 701-8377 8-20-90

## OIL CONSERVATION DIVISION

AUG 3 1 1990 Date Approved ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II Title\_

### 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.

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