

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

AUG 23 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator <u>Merit Energy Company</u>	Well API No. <u>30-005-62493</u>
Address <u>12221 Merit Drive, Suite 1040, Dallas, TX 75251</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	
Change of operator give name and address of previous operator <u>McClellan Oil Corporation, 850 United Bank Plaza, Drawer 730, Roswell, NM 88202</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MM Federal</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>Pecos Slope Abo, South</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-0559993</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>9S</u> Range <u>25E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2436, Abilene, TX 79604</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1188, Houston, TX 77251-1188</u>
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? <u>Yes</u> <u>11-19-87</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Corrosions			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

VI. WELL (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.)

New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Choke Size <u>posted ID-3</u> <u>8-31-90</u>
During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Chg OP</u>

Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Shut-in, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. FOR 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 to the best of my knowledge and belief.

[Signature]  
Jarruth Prod/Reg. Admin.  
Title  
(214) 701-8377  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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

Allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

this form must be filled out for allowable on new and recompleted wells.

Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

C-104 must be filed for each pool in multiply completed wells.