

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 2 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIT ENERGY COMPANY	Well API No. 30-015-23384
Address 12222 MERIT DRIVE, SUITE 1500, DALLAS, TEXAS 75251	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL BB	Well No. 1	Pool Name, Including Formation CHALK BLUFF (WOLFCAMP)	Kind of Lease State, Federal or Fee	Lease No. NM025604
Location Unit Letter C : 890 Feet From The N Line and 2245 Feet From The W Line Section 10 Township 18S Range 27E, NMPM, EDDY County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil AMOCO PIPELINE	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 NORTHWEST AVE. LEVELLAND, TX 79336
Name of Authorized Transporter of Casinghead Gas GPM	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2105, HOBBS, NM 88240
If well produces oil or liquids, give location of tanks.	Unit C Sec. 10 Twp. 87 Rge. 27	Is gas actually connected? YES When ?

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 1-22-94	Date Compl. Ready to Prod. 2-7-94	Total Depth 9880	P.B.T.D. 7640					
Elevations (DF, RKB, RT, GR, etc.) 3510.2 GL	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 6608	Tubing Depth 7250					
Perforations 6608-7216			Depth Casing Shoe 7250					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	1003	1053 sx Cl C
12 1/4	8 5/8	5995	1900 sx lite 500 sx Cl C
7 7/8	5 1/2	9867	800 sx lite 350 sx Cl C

VI. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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.)			
Date First New Oil Run To Tank 2-6-94	Date of Test 2-7-94	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 17	Gas - MCF 39

GAS WELL

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

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.

Signature
SHERYL J. CARRUTH REGULATORY MANAGER
Printed Name
2-25-94
Date
(214) 701-8377
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 1 8 1994
By
Title SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.