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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Lagrantment

0. C. D. Santa Fe, New Mexico 87504-2088

## OIL CONSERVATION DIVISION P.O. Box 2088

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

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l		10 10	7113	PORT OIL	- AND NA	TURAL G						
Openior Merit Energy Company	✓						30°	API Na	- 200	<b>જ</b> ૧		
Address									200	MO		
12221 Merit Drive, Su	ite 50	O, Dal	las	TX 75	5251							
Reason(s) for Filing (Check proper box)						es (Please expl	ain)		_			
New Weil				sporter of:	$\Gamma \in \mathcal{E}_{+}$		00					
Recompletion	Oil	_	Dry	_	Lirec	tive 8 <b>-</b> 1	-92					
Change in Operator	Casinghea	d Gas	Con	densate				<del></del>				
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE						<del>-</del>				
Ric Eddy Unit	Well No.   Pool Name, Including   11   Big Eddy				-			Kind of Lease State Federal or Fee		امونيو No. NMO25		
Big Eddy Unit			<u> </u>	ig Eddy	- Delawa	are			i ivivi	J <u>Z</u> 5		
Unit Letter I	. 16	50	Feat	From The	S Lia	e and 660	Fe	et From The	E	Line		
	20.0		•						<del>-</del>			
Section 7 Township	20S		Ran	ge 31E	,N	мрм,	Fddy_			County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil CY or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Pride Pipeline	P. O. Box 2436, Abilene, TX  Address (Give address to which approved copy of this form w to be sent)											
Name of Authorized Transporter of Casing	nead Cas	نــا	or U	Ory Cas :	Address (Civ	e adaress to wi	nick approved	copy of thus f	orm is to be se	ru)		
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actuall	When	When?					
give location of tanks.	<u> </u>		<u> </u>	L		L						
If this production is commingled with that f  IV. COMPLETION DATA	rom any oth	ser lease or	pool,	give comming	ing order num	ber:	<del></del>	· · · · · · · · · · · · · · · · · · ·		·-··	_	
IV. COMPLETION DATA		Oil Well		Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_	
Designate Type of Completion	· (X)		i				3			]	i	
Date Spudded Date Compt			i. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation					Top Oil/Ges Pay			Tubing Depth				
0												
Perforations								Depth Casin	g Shos			
	<u>_</u>	TUBING.	CA	SING AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
		_			ļ						_	
V. TEST DATA AND REQUES	T FOR A	WOLLA	ARI	F	L	···	<del> </del>	<u> </u>			_	
OIL WELL (Test must be after re				•	be equal to or	exceed too allo	owable for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te		-7			sthod (Flow, pa		<del></del>	, ,		_	
Length of Test	Tubing Pressure				Casing Press	π.		Choke Size	Choke Size			
Actual Prod. During Test Oil - Bbls.				· · ·	Water - Bbls		- <del> </del>	Gas- MCF				
Actual Flore During Flore	Uti - DOLL											
GAS WELL				· · · · · · · · · · · · · · · · · · ·	•							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
The Market Control of the Control of	Tuking De								A			
tung Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-is)			Choke Size				
VL OPERATOR CERTIFIC	ATE OF	СОМ	PLIA	ANCE	1			. L		<del></del>	_	
I hereby certify that the rules and reguli						DIL CON	<b>ISERV</b>	ATION	DIVISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUL 2 9 1992							
is true and complete to the best of my i	DOMINGRO S	and belief.			Date	Approve	طع	UL Z 3	1992			
De Cardle	) × v	Time I	<u></u>			• •		יאורף פיי				
Sheryl J. Carruth Regulatory Manager						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title					CHIDEDVICOD DISTRICT IN							
7-21-92 (214) 701-8377					Title							
Date		Tel	ephoa	e No.	1							
											_	

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.

Subr.nt 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89
See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

NOV 2'90

DISTRICT II P.O. Drawer DD, Artenia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. ARTESIA, OFFICE T TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Merit Energy Company v Address 12221 Merit Drive, Suite 1040, Dallas, Texas 75251 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil EFFECTIVE 11/01/90 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Bridge Oil Company, L. P., Suite 1600, Dallas, Texas 75251 12377 Merit Drive. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lea Lease No. Big Eddy Unit Big Eddy - Delaware State (Federal) or Fee NM025 Location 1650 Feet From The S Unit Letter . \_ Line and \_ 660 Feet From The Line 7 20S Township 31E , NMPM, Eddy Range **SCURLOCK PERMIAN CORP EFF 9-1-91** III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil XXThe Permian Corporation P. O. Box 1183, Houston, Texas 77001

Address (Give address to which approved copy of this form is to be sent) <u>Trucks</u> Name of Authorized Transporter of Casinghead Gas or Dry Gas If well produce s oil or liquids, Sec. Twp. Unit Rge. When ? Is gas actually connected? give location of tanks. If this production is con mingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Ges Well Oil Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT 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.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Dorled ID-Length of Test Casing Pressure **Tubing Pressure** 11-9-90 Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condens Length of Test Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information give 7 1990 NOV is true and complete to the best of my knowledge and belief. Date Approved \_ By\_ ORIGINAL SIGNED BY mance 20NN1 MIKE WILLIAMS

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

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Title

SUPERVISOR DISTRICT I

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Title

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