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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 Departn.

JAN 1 0 1994 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION	Ν
TO TRANSPORT OIL AND NATURAL GAS	

Operator					<u> </u>	2711127117		Well	API No.			
Merit Energy Compan	y <b>!</b>							30	7-015	5-208	213	
Address 12222 Merit Drive,	Suite 1	500	Da	llas	Тс	exas 752	51					
Reason(s) for Filing (Check proper box)	COLUC I	300	Da	rias	1.0		net (Please expl	lain)				
New Well		Change in	Tran	sporter of	f:	_	, ,	•				
Recompletion	Oil		Dry	•	$oxed{\square}$							
Change in Operator	Casinghea	d Gas	Con	densate								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE								Lesma				
Lease Name State Q Com Well No. Pool Name, Includi Happy Va						· · · · · · · · · · · · · · · · · · ·			Kind of Lease State, Federal or Fee		<b>Lease No.</b> K=3200	
Location			ال	парру	va	lley (Mo	orrow)		7		-3200	
Unit LetterL	_:22	235	_ Feet	From Th	ie	S Lin	e and 6	60 F	et From The	W	Line	
Section 34 Townshi	p 215	3	Rang	ge	26I	E ,n	MPM,	Edo	iv		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NA	\TU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate							e address to wi				int)	
Pride Pipeline							Box 2436		ene, Tex			
Name of Authorized Transporter of Casinghead Gas or Dry Gas XXX El Paso Natural Gas Company						Address (Gi	ve address to wi	hich approved	copy of this f	form is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Rge.	Is gas actual	y connected?	When				
<del>-</del>	L L	34	21			<u>no</u>		IJar	uary 5,	1994		
f this production is commingled with that to COMPLETION DATA	rom any otn										<u></u>	
Designate Type of Completion	- (X)	Oil Well	l I	Gas We	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
te Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations					D. d. C							
renorations									Depth Casin	g Shoe		
	77	IBNG	CAS	ING A	NT)	CEMENIT	NG RECOR	D	<u> </u>			
HOLE SIZE					עאו	CEIVIENTI	DEPTH SET	<u> </u>	CACKS OFFICE			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEFIN SET		SACKS CEMENT			
					]							
TEST DATA AND REQUES												
OIL WELL (Test must be after re			of load	d oil and						for full 24 hour	<u>s.)</u>	
Date First New Oil Run To Tank	Date of Test	ļ				Producing Me	thod (Flow, pu	mp, gas iyt, e		2	110	
ength of Test	Tubing Pres	Sime .				Casing Pressu	ine		Choke Size			
	Tubing Pressure					:			Choke Size 1 1-14 94			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas-MCF LT: LI			
GAS WELL	<u>.</u>				1				<u></u>			
Actual Prod. Test - MCF/D	Length of Test				Ī	Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF	COMP	T.TA	NCF				·	1	·		
I hereby certify that the rules and regular				INCL		OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date Approved JAN 11 1994							
Since the second second					By							
Signature					ByBySOR_DISTRICT							
12/28/93	(214)		Title 377			Title.				···		
Date	\ <del></del>		phone .	No.	-	İ						

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.