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Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
At Bottom of Page

RECEIVED

NOV 13 1992

O. C. D.
ARTESIA

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Merit Energy Company		Well API No.
Address 12221 Merit Drive, Suite 500, Dallas, TX 75251		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 4 Com	Well No. 1	Pool Name, including Formation Burton Flat (Strawn)	Kind of Lease State (Federal or Fee)	Lease No. NM-1531
Location Unit Letter <u>I</u> : <u>2787</u> Feet From The <u>N</u> Line and <u>860</u> Feet From The <u>E</u> Line Section <u>4</u> Township <u>21S</u> Range <u>27E</u> , NMPM, Eddy 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) P. O. Box 2436, Abilene, TX 79604	
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) P. O. Box 2105, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>4</u>
	Twp. <u>21S</u>	Rge. <u>27E</u>
	Is gas actually connected? Yes	When? 3-9-89

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 XX	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-27-92	Date Compl. Ready to Prod. 8-30-92	Total Depth 11600	P.B.T.D. 10523					
Elevations (DF, RKB, RT, GR, etc.) 3183 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 10348	Tubing Depth 10251					
Perforations 10348-10360	Depth Casing Shoe 11600							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	600	500
12 1/4	9 5/8	2242	1300
8 3/4	5 1/2	11600	900 & 1700 DV @ 7988
	2 3/8	10251	

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-2 11-27-92	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size comp 4 BK
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 70	Length of Test 24	Bbls. Condensate/MMCF 2	Gravity of Condensate 51.6
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 0	Choke Size 10/64

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
10-23-92
Date
(215) 701-8377
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 13 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.