

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

OIL CONSERVATION DIVISION

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

NOV 2 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATIONS  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
DISTRICT II, OFFICE

I.

|  |              |
|--|--------------|
| Operator<br>Merit Energy Company   | Well API No. |
| Address<br>12221 Merit Drive, Suite 1040, Dallas, Texas 75251  |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> EFFECTIVE 11/01/90<br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |              |
| If change of operator give name and address of previous operator<br>Bridge Oil Company, L. P., 12377 Merit Dr., Suite 1600, Dallas, TX 75251   |              |

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |           |
|---|---------------|---|---|-----------|
| Lease Name<br>Burton Flat   | Well No.<br>3 | Pool Name, including Formation<br>E. Avalon - Bone Spring | Kind of Lease<br>State, Federal or <input checked="" type="radio"/> Fee | Lease No. |
| Location<br>Unit Letter P : 2970 Feet From The S Line and 990 Feet From The E Line<br>Section 1 Township 21S Range 27E, NMPM, Eddy County |               |   |   |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

|   |   |        |          |          |                                   |       |
|---|---|--------|----------|----------|-----------------------------------|-------|
| Name of Authorized Transporter of Oil<br>The Permian Corp. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>                   | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1183, Houston, TX 77001 |        |          |          |                                   |       |
| Name of Authorized Transporter of Casinghead Gas<br>Phillips 66 Natural Gas Co. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 2105, Hobbs, NM 88240   |        |          |          |                                   |       |
| If well produces oil or liquids, give location of tanks.  | Unit 0  | Sec. 1 | Trp. 21S | Rgs. 27E | Is gas actually connected?<br>Yes | When? |

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.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | 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

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.) |                                   |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size <i>Perforated 10-3</i> |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF <i>11-9-90</i>          |

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.

*Bonnie C. Shea*  
Signature  
Bonnie C. Shea V.P. Finance  
Printed Name  
11-1-90  
Date  
(214) 701-8377  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 7 1990

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.