Definit 5 Copies ppropriate District Office <u>ISTRICT 1</u> O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> O. Drawer DD, Anesia, NM 88210 <u>DISTRICT III</u> OO Rio Brazos Rd., Azzec, NM 87410 <u>District III</u> OO Rio Brazos Rd., Azzec, NM 87410 <u>Definitor</u> Merit Energy Company Address 12221 Merit Drive, S	Energy, Minerals OIL CONSE Santa Fe, 1 REQUEST FOR ALL TO TRANSPOR	ERVA P.O. Bo New Ma OWAE RT OIL	TION D x 2088 exico 8750 ALE AND A AND NAT	VIVISIO 4-2088 AUTHORIZ FURAL GA	N ZATION AS Well 7	RECEIVED HUL 9 7 1 O. C. P PI Na	9 92	1-1-89 1	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transport Oil Dry Gas Casinghead Gas Condensa		<u> </u>	e (Please expla tive 8-1					
f change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	ANDIFASE								
Lease Name Federal RR Com	Well No. Pool Name, Including Formation 1 UndesCarlsbad-			lfcamp	Kind C State,	Lease Lease No. Federal or Fee NM-027994-D			
Location	660 Ford From		_	198	20		Ŵ		
Unit LetterN	:000 Feet From	a The	<u>S</u> Lioe	and	50 Fe	et From The	VV	Line	
Section 24 Townsh	nip <u>23S</u> Range	2	.6E , NA	APM,	Eddy			County	
III. DESIGNATION OF TRA	NSPORTER OF OIL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil		Ω Δ	Address (Give			copy of this for	m is io be sei	u)	
Pride Pipeline			P. O. Box 2436, Abilene, TX Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240						
Llano, Inc. If well produces oil or liquids,	Unit Sec. Twp.	Rge.	Is gas actually connected? When ?			?			
give location of tanks. If this production is commingled with that		<u>26E</u>	YEs			12-19-84	<u>+</u>		
IV. COMPLETION DATA									
Designate Type of Completion Date Spudded		4 Well	New Well	Workover	Despen	Plug Back S P.B.T.D.		Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depib			
Perforations			<u> </u>			Depth Casing	Shoe		
	TUBING, CASIN	G AND	CEMENTI	NG RECOR	D	<u>i</u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
,		-							
V. TEST DATA AND REQUI	EST FOR ALLOWABLE r recovery of total volume of load ou	l and must	he equal to or	exceed top all	mable for thi	s depth or be fo	r full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Test			schod (Flow, pa					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gaa- MCF			
		<u> </u>	<u> </u>					<u> </u>	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with an is true and complete to the best of m	gulations of the Oil Conservation ad that the information gives above	CE	Date	Approve	dj	ATION [UL 2 9 1		N	
Signature Sheryl J. Carruth Regulatory Manager Prioled Name 7-21-92 (214) 701-8377				By <u>ORIGINAL SIGNED BY</u> MIKE WILLIAMS Title <u>SUPERVISOR</u> DISTRICT I					
<u>7-21-92</u>	ZI4) 701-0377 Telephone No								

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.