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

State of New Mexico .ergy, Minerals and Natural Resources Departm.

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DEC 13 1993

Operator	10	HANSPOR	TO	L AND NATURAL G		(A D) No.	······································	
Merit Energy Compar		Well API No. 30 015 23587						
Address	C 1500							
12222 Merit Drive, Reason(s) for Filing (Check proper box	Suite 1500		alla	as, Texas 75251 Other (Please exp.	lai=1			
New Well	Chan	ge in Transporter o	of:	Odici (i ieuse expi	ioin)			
Recompletion	Oil	Dry Gas		755	12 12 2			
if change of operator give name	Casinghead Gas	Condensate	<u> </u>	Effective 10	/1/93			
and address of previous operator					·			
II. DESCRIPTION OF WELL Lease Name		N						
To 1 7 1 00 raine, inci				ing Formation 1 Dunes Delaware	of Lease No. Federal or Fee L-6442			
Location		1		Danes Delaware	<u></u>		L-044Z	
Unit LetterB	:660	Feet From Ti	he	north Line and	1980 r	eet From The	e	ast Line
Section 32 Towns	31E	E , nmpm , Eddy			County			
II. DESIGNATION OF TRA	NSPORTER OF	OIL AND N	ATU	RAL GAS				
Name of Authorized Transporter of Oil				Address (Give address to wh	ich approved	d copy of this fo	orm is to be:	seni)
EOTT Energy Corporation Energy Operating LP Name of Authorized Transporter of Casinghead Gas Effective 451 DMGas GPM				P.O. Box 4666, Houston, Texas 77210-4666 Address (Give address to which approved copy of this form is to be sent)				
				Is gas actually connected? When ? yes 3/18/82				
this production is commingled with that				yes			-0/02	
V. COMPLETION DATA								
Designate Type of Completion) Oil W (X)	'ell Gas We	II: 	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.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth			
erforations					Depth Casing	Depth Casing Shoe		
	TURING	CASING A	NID C	TEMENTING DECORE				
HOLE SIZE CASING & TUBIN			ASING AND CEMENTING RECOR		<u>, </u>	SACKS CEMENT		FNT
					Port ID-3			
					12,	31-1	93	
TECT DAME AND DECKER							Fa1.	EPH
TEST DATA AND REQUES IL WELL (Test must be after r.			must h	e equal to or exceed to all				
IL 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 hate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)								·s.)
ngth of Test	Tubing Pressure		C	Casing Pressure	Choke Size			
tual Prod. During Test	Oil - Bbls.		V	Vater - Bbis.	Gas- MCF			
AS WELL		<u> </u>						
tual Prod. Test - MCF/D	Length of Test		В	bls. Condensate/MMCF	Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			(61	A			
	,			asing Pressure (Shut-in)	Choke Size			
OPERATOR CERTIFICA				OIL CONS	EDVA	TION DI	\(\(\)\(\)	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.				Date Approved				
man 2 Lucall								
Signature Sheryl J. Carruth Regulatory Manager				ByBP_DISTRICT!				
Sheryl J. Carruth Regulatory Manager Title 11/29/93 (214) 701-8377				BySUPERVISOR, DISTRICT II				
11/29/93 Date	Title			······································				
	1 616	phone 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.
- 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.