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

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

State of New Mexico E. 69, Minerals and Natural Resources Department

HELEIVED

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

OCT - 8 1993

DISTRICT III		Saina	I C, INCW INIC	ALCO BIJC	4-2000	و چوندس		 .			
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FOR	ALLOWAB	LE AND	AUTHORIZ			•			
I.	/T	O TRANS	SPORT OIL	AND NA	TURAL GA						
Operator						Well A					
Merit Energy Company						30	015 27	094			
Address		M D-11.	T	75051							
Reason(s) for Filing (Check proper box)	ouite 50	u, valla	<u>as, lexas</u>		er (Please expla	in)		 			
New Well	(Change in Trai	asporter of:		o. (i icabi capa	,					
Recompletion	Oil	·	Gas								
Change in Operator	Casinghead	,	ndensate	Ef.	fective 1	0/1/93					
If change of operator give name			mpany, P.	n Roy	2267, Mi	dland	Tovas 7	2702			
			iipuriy , i .	U. DUA	2207 5 191	uranus	ICAUS 7	7702			
II. DESCRIPTION OF WELL			al Maria Traducti	Fi		Vinda	f LeaseSta	to L	ase No.		
1 - 1								Federal or Fee L-6442			
Location			csc sund	Duries Di	- rawar c			L 011			
Unit Letter G	198	0	t From The	south ,:		1980 -	et From The	east	Line		
Unit Letter	. : <u></u>	ree	a from the	LIB	e and	re	er tiom the		Line		
Section 32 Township	, 23S	Ra	nge 31	E , N	мрм, Е	ddy			County		
III. DESIGNATION OF TRANS						ich annemed	com of this f	orm is to be se			
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)							
EOTT Energy Corp Name of Authorized Transporter of Casinghead Gas X or Dry Gas				P. 0. Box 4666, Houston, Texas 77210-4666 Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural Gas Company				I.	P. O. Box 1492, El Paso, Texas 79978						
If well produces oil or liquids, Unit Sec. Twp. Rge.											
give location of tanks.	igi		3S 31E	}	Yes	i	1	2-8-92			
If this production is commingled with that f	rom any othe	r lease or pooi	, give comming	ing order num	ber:						
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 Pro	d.	Total Depth	•		P.B.T.D.	-			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casir	g Shoe			
							Jopan Can				
	T	JBING, CA	SING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
							Post ID-3				
								10-22-93			
								the up			
								0/			
V. TEST DATA AND REQUES									,		
OIL WELL (Test must be after re		····	oad oil and must					for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test	l		Producing M	ethod (Flow, pu	mp, gas iyi, e	ic.)				
Length of Test Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
Lough of ton	100106 1100										
Actual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF					
	<u> </u>			<u> </u>			<u> </u>	v,			
GAS WELL				TRUL	20.00		101	7174.17			
Actual Prod. Test - MCF/D	Length of Test			Bols. Conde	Bbls. Condensate/MMCF			Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
				\ <u></u>							
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE		OIL CON	ISEDV	ΔΤΙΩΝΙ	חועופור)NI		
I hereby certify that the rules and regula	ations of the (Dil Conservation	Ou	11					214		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				11		OCT 1 v 1993					
is true and complete to the best of my h	that the infor	_	bove		. A	ຸ 0	CIIU	1993			
Charles I	that the inform mowledge and	_	bove	Date	e Approve	d		1993			
Librald Exper	that the information that the	d belief.	bove		ORIGI	d NAL SIGN	IED BY	1993			
Charles I	that the information that the	d belief.		Date By_	ORIGI	d	IED BY				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.