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

P.O. Drawer DD, Artesia, NM 88210

PISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

KELEIVED

007 - 8 1993

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

## WY COM

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		0 1117	11101	OITI OIL	. AND NA	TOTIAL OF						
Operator	7								PI No.			
Merit Energy Company  Address						30 015 27096						
	C	*O D	. 1 7	<del>.</del>	75051							
12221 Merit Drive, Reason(s) for Filing (Check proper box)	Suite 50	<u>u, Da</u>	illas	, lexas		T (Please expl	gini.					
New Well		Change in	Transox	orter of:		to receive exten	,					
Recompletion	Oil		Dry Ga	_								
Change in Operator	Casinghead	Gas 🗌	Conde		Eft	fective :	10/1/9	93				
If change of operator give name	<del></del>		Comp	any D	····	2267, M			Toyas 7	0702		
•			COMP	ally, F.	U. BUX	2207, M	rurane	<u> </u>	iexas /	9/02		
II. DESCRIPTION OF WELL			<del>.,</del> .		· · · · · · · · · · · · · · · · · · ·	<del></del>						
Lease Name Poker Lake 32 State  Well No. Pool Name, Including West Sand										of Lease State Lease No.  Federal or Fee L=6442		
Location			MES	t Sanu	Dunes De	eraware				L=044	· <u>C</u>	
Unit LetterF	198	0	Feet Fr	om The n	orth Line	and 19	980	Fee	et From The	west	Line	
22	000				_							
Section 32 Township	235		Range	31	E, N	ирм,	Eddy				County	
III. DESIGNATION OF TRAN	SPORTER	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conder			Address (Giv	e address to w					•	
EOTT Energy Corp						P. O. Box 4666, Houston, Texas 77210-4666						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved P. O. Box 1492, El Pas							
El Paso Natural Gas  If well produces oil or liquids,			- T						s /9978			
give location of tanks.	Unit  :	<b>Sec.</b> 32	Twp. 1 23S	Rge.	Is gas actually connected? When Yes				· ·			
If this production is commingled with that i	<u> </u>				ing order numi		1			! <del>-</del> 5-93		
IV. COMPLETION DATA	,		, , <b>g</b> -						·			
Designate Type of Completion	~	Oil Well		Gas Well	New Well	Workover	Deep	n	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	· ·	Pandu te		<del></del>	Total Depth					<u> </u>		
L'air Spanier	Date Compl	. Keany u	) PIOG.		l'out Bopa.				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe		
	77	IDING	CASD	NG AND	CEMENTI	IC PECOP						
TUBING, CASING A HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SAÇKS CEMENT			
OASING CITOTICS				JIEL	DEF ITTOE!				Post ID-3			
									10	L. m		
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re	Date of Test		of load o	oil and must	<del></del>			_		for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test		Casing Pressure Choke Size										
	Tubing Pressure											
ctual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF			
GAS WELL									- <del></del>			
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	sate/MMCF			Gravity of C	Condensate		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
	<u> </u>								<u> </u>			
VI. OPERATOR CERTIFICA				ICE		אוו כרי	ISED	1//	TION	רו/יופיר	181	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date ApprovedOCT 1 0 1993						
of the same complete to the best of the E	nowienke wije	. ochel.			Date	Approve	d	LL	T 0 199	<b>5</b>		
( implated Some												
Signature Signature					By ORIGINAL SIGNED BY							
DONIFUT E. SPENCE V.P.					MIKE WILLIAMS							
Printed Name 7/30/93 (214) 701-8377						Title SUPERVISOR, DISTRICT II						
Date 7/36/43	(21.		phone N									

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.