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

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

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

State of New Mexico E gy, Minerals and Natural Resources Departmen.

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

007 - 8 1993

MELEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION / TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.												
Merit Energy Company	y /												
Address													
12221 Merit Drive,	Suite 5	0 0, Da	11as	. Texas	75251								
Reason(s) for Filing (Check proper box)						er (Please expla	zin)	<u></u>					
New Well		Change in	Transp	porter of:									
Recompletion	Oil		Dry C										
Change in Operator	Casinghea	ıd Gas 🗌	Coad	ensale 🗌	Ef:	fective :	10/1/93						
f change of operator give name and address of previous operator Enro	on 0il	& Gas	Comp	oany, P.	0. Box	2267, M	idland,	Texa	as 7	9702			
II. DESCRIPTION OF WELL.	AND LE	ASE											
Lease Name Well No. Pool Name, Inclu				Name, Includ				Kind of Lease State Lease No.					
					Dunes Delaware			tate, Federal or Fee L-6442					
Location													
Unit LetterE	. 19	80	Feet I	From The	orth Lin	e and 6	60	Feet From	m The	west	Line		
Section 32 Township	<u>23S</u>		Range	e 31	LE , N	MPM,	Eddy				County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AI	ND NATU	RAL GAS								
Name of Authorized Transporter of Oil	ſ X]	or Conden	sale		Address (Giv	e address to wi	hich approvi	d copy	of this fo	orm is to be se	nt)		
EOTT Energy Corp					P. O. I	3ox 4666	. Houst	on,	Texa:	<u>s 77210</u> -	4666		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved							
El Paso Natural Gas	Compar	<u>y</u>	·		1		<u>, El Pa</u>	Paso, Texas 79978					
If well produces oil or liquids,	Unit	Sec.			Is gas actually connected?		Wh	When?					
give location of tanks.	<u>E</u>	32	235	 -		Yes				20-93			
f this production is commingled with that f V. COMPLETION DATA	rom any oth	ner lease or	pool, g	ive comming	ling order num	ber:	· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug	Back	Same Res'v	Diff Res'v		
e Spudded Date Compl. Ready to Prod.					Total Depth			P.B.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
					<u></u>								
Perforations								Dept	h Casin	g Shoe			
									, .	,, · · · · · · · · · · · · · · · · ·			
**************************************		TUBING,	CAS	<u>ING AND</u>	CEMENTI	NG RECOR	D						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
· · · · · · · · · · · · · · · · · · ·									Post ID-3 10-21-53				
				<u> </u>				che up					
/ TOOT DATE AND DECKING	T FOD	LI CYT	NY T							0 /			
V. TEST DATA AND REQUES													
OIL WELL (Test must be after re			of load	ou and musi					or be	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te	st			riodicing M	ethod (Flow, pi	ump, gas iyi	, eiC.)					
Length of Test					Casing Pressure				Choke Size				
Length of Test Tubing Pressure					Casing Pressure			Ciloi	CHORG DIEG				
Actual Prod. During Tart	Oil Bu				Water - Rhie			Gas	Gas- MCF				
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Jab*	Gas- MCF				
	<u> </u>				<u> </u>				,				
GAS WELL							. <u></u>						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	isate/MMCF		Grav	ity of C	Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Cho	Choke Size				
					ļ,								
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		~~~	10===	, A T.	<u> </u>	D !! !! C ! C			
I hereby certify that the rules and regula						DIL CON	12ドエ/	AH	ON	DIVISIC	אנ		
Division have been complied with and t		_	en abov	ve			•	ስ ቦ ፐ 4	Λ 1	003			
is true and complete to the best of my k	nowledge a	nd belief.			Date	. Approve	d	ICT 1	ן ט ו	JJJ			
() DISK						-F-F							
smood of Jenic					By_								
SIGNALID E. SPENCE V.P.						ORIGINAL SIGNED BY							
Printed Name / /- Title						MIKE WILLIAMS							
71 July 9/30/93	(214)	701	8377	Title	SUPE	RVISOR	DIST	RICT	11			
Date	•		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.