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

State of New Mexico y, Minerals and Natural Resources Departmen.

MELEIVED

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

00T - 8 1993 REQUEST FOR ALLOWABLE AND AUTHORIZATION

		O TRANS	SPORT OIL	AND NA	TURAL GA					
Operator		Well API No								
Merit Energy Company Address	30 015 27170									
12221 Merit Drive, S	Suita 50	וובח חבוו	ac Tovac	75251						
Reason(s) for Filing (Check proper box)	Juice Ju	o, Dair	as, lexas		et (Please expla	iin)				
New Well	(Change in Tra	-							
Recompletion	Oil		y Gas 📙	F.C.	٠ , ٠ ,	10 /1 /00				
Change in Operator	Casinghead	.Gas Co	ndensate	ET	fective 1	10/1/93				
			mpany, P.	. 0. Box	2267, Mi	idland,	Texas 7	9702		
I. DESCRIPTION OF WELL.						1				
Poker Lake 32 State Well No. Pool Name, including West Sand							LeaseState Lease No. Federal or Fee L-6442			
Location			est sand	Dulles De	- I awai E			16-04-	14	
Unit LetterA	:56	0 Fee	et From The	orth Lin	e and660) Fe	et From The	east	Line	
Section 32 Township	p 23S	Ra	nge 31	LE , <u>n</u>	мрм, Е	Eddy	·	·	County	
II. DESIGNATION OF TRAN	SPORTER	OF OII.	AND NATI	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate			e address to wi	tich approved	copy of this f	orm is to be se	ent)	
EOTT Energy Corp	P. O. Box 4666, Houston, Texas 77210-4666									
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is									
El Paso Natural Gas					30x 1492			s 79978		
If well produces oil or liquids, ive location of tanks.	Unit 1:	Sec. Tw	7p. Rge. 3S 31E	Is gas actuali	y connected? Yes	When		0.2		
this production is commingled with that i	from any other			ling order numi	· · · · · · · · · · · · · · · · · · ·	!	1-3-	93		
V. COMPLETION DATA										
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v	
Date Spudded Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations		<u> </u>				Depth Casing Shoe				
	———— —	IRING CA	ASING AND	CEMENTI	NG RECOR	D	1	· 		
HOLE SIZE	,		NG SIZE	·,	`````````````````````````````````````			SACKS CEMENT		
							10	-22-93		
								by up		
. TEST DATA AND REQUES	T FOR A	LLOWAB	LE					0		
OIL WELL (Test must be after re				t be equal to or	exceed top allo	owable for thi	depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL				!			<u> </u>			
Actual Prod. Test - MCF/D	Length of To	est	······································	Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE	1		.055:		— 11 21 — 1 =		
I hereby certify that the rules and regula	OIL CONSERVATION DIVISION									
Division have been complied with and that the information given above					Date Approved OCT 1 0 1993					
is true and complete to the best of my k	nowledge and	1 belief.		Date	Approve	d UL	LLUK	1 43		
() In Sul C.	J	•								
Simonal (.)	gune	Base .		By_	OBIG	INAL SICI	JED BY			
DONNER E. SPENCE				-,	ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name 9/30/93 (2H) 701-8377				Title SUPERVISOR, DISTRICT II						
9/30/93 Date	(2	79 / 10 / Telepho	ne 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.