

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., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

DEC 13 1993

C/SF  
GT  
D

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Merit Energy Company  
Well API No. 30 015 27177  
Address  
12222 Merit Drive, Suite 1500 Dallas, Texas 75251  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☐ Casinghead Gas ☒ Condensate ☐ Effective 10/1/93  
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Poker Lake 32 State Well No. 7 Pool Name, Including Formation West Sand Dunes Delaware Kind of Lease (State, Federal or Fee) Lease No. L-6442  
Location  
Unit Letter D : 660 Feet From The north Line and 760 Feet From The west Line  
Section 32 Township 23S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil EOTT Energy Corporation Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, Texas 77210-4666  
Name of Authorized Transporter of Casinghead Gas GPM or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit D Sec. 32 Twp. 23S Rge. 31E Is gas actually connected? yes When? 2/15/93  
If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
Post #D-3  
12-31-93  
chg GT: EPH

IV. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL 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 hours.)  
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF

AS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

V. OPERATOR CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Signature Sheryl J. Carruth Regulatory Manager  
Printed Name Title  
11/29/93 (214) 701-8277  
Date Telephone No.

OIL CONSERVATION DIVISION  
DEC 28 1993  
Date Approved  
By  
Title SUPERVISOR, DISTRICT II

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.