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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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

CISE
LT
GT
DP

MAY 17 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MERIT ENERGY COMPANY	Well API No. 30-039-27395
Address 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SUNDANCE FEDERAL	Well No. 5	Pool Name, including Formation SAND DUNES DELAWARE WEST	Kind of Lease State, (Federal or Fee)	Lease No. NMO31963
Location				
Unit Letter C	1980	Feet From The WEST	Line and 660	Feet From The NORTH
Section 5	Township 24S	Range 31E	NMPM	EDDY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PRIDE PIPELINE	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas GPM	or Dry Gas <input type="checkbox"/>	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 4	Sec. 24S
	Twp. 31E	Rge. YES
	Is gas actually connected?	When? 5-7-93

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-4-93	Date Compl. Ready to Prod. 5-4-93	Total Depth 8120'	P.B.T.D. 8100'					
Elevations (DF, RKB, RT, GR, etc.) 3401.8' GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 7816'	Tubing Depth 7700					
Perforations 7816' - 7986'	Depth Casing Shoe 8120'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8" 54.5#	654'	522 sx Cl C
11"	8 5/8" 24# & 32#	4050'	1260 sx Cl C
7 7/8"	5 1/2" 17# & 15.5#	8120'	1312 sx Cl C

V. 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 5-4-93	Date of Test 5-11-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING
Length of Test 24	Tubing Pressure 600	Casing Pressure 0
Actual Prod. During Test	Oil - Bbls. 220	Water - Bbls. 100
		Choke Size 17/64
		Gas - MCF 250

GAS 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

VI. 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
Printed Name
5-11-93
Date
REGULATORY MANAGER
Title
(214)701-8377
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
MAY 17 1993

By
ORIGINAL SIGNED BY
MIKE WILLIAMS
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.