Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources D nent

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 11 1 5 1993

Forma C-104	1151
Revised 1-1-89	
See Instruction at Bottom of F	
	Up
	- [

1000 Rio Brazos Rd., Azzec, NM 87410	REQ	UEST FO	OR AL	LOWA!	BLE AND	AUTHORIA TURAL G	42			
Openior  Merit Energy Company						Well	Well API No. 30-015-27409			
Address 12221 Merit Drive, Su	ite 50	00. Dal	las.	TX 7	5251					
Reason(s) for Filing (Check proper box)	IT CC JC	o, buz	140,			her (Please expla	3 <i>I</i> A)	P 31, 1		<b></b>
New Well		Change in				,	•	6 k	= la	,, <del>,,</del> <b></b> ,
Recompletion	Oil					Fig.		م ک		<b>&gt;,</b>
Change in Operator	Casinghe	ad Gas	Condens				<del></del>		<del>on tRe</del>	<del>M</del>
If change of operator give name and address of previous operator							-14 - 14 h	هتنات سا	NED	<del></del>
II. DESCRIPTION OF WELL	AND LE	ASE	Tm		la a Parmetine		Kind (	( Lease	i L	ease No.
Lease Name		Well No.			ing Formation			Federal or Fee	NMO3	1963
Sundance Federal		6_	Sanc	<u>Dune</u>	s Delawa	are West				
Unit LetterD	: 66	50	Feet Fro	om The	West ப	ne and <u>660</u>	Fo	et From The _	North	Line
Section 5 Township	249	<u> </u>	Range	31E	. !	VMPM,	Ec	ldy		County
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL ANI	D NATU	RAL GAS	3				
Name of Authorized Transporter of Oil	ŽΧ	or Condet	nsate		Address (G	ive address to wi	hick approved	copy of this for	rm us 10 De 16	NI)
Pride Pipeline				<del></del>	Address (C	ive address to wi	hich approved	com of this for	m is 10 be se	ent)
Name of Authorized Transporter of Casing	phead Gas		or Dry					<del></del>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actua	ily connected?	When	?		
If this production is commingled with that i	from any or	ther lease or	pool, giv	comming	ling order nur	mber:				
IV. COMPLETION DATA							·			bice a site
Designate Type of Completion		Oil Well	Ĺ	ias Well	New Well	İ	Deepea	Plug Back	Same Kes'v	Diff Res'v
Date Spudded	Date Compt. Ready to Prod.			,	Total Depth 8132			P.B.T.D. 8112		
4-20-93		22-93 Producing F	ometica	<del></del>	Top Oil/Ca	Pav		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3404.7	Name of	Delawar	e e			<del>-7790°</del> 2	802	7681		
7802 - 7839	•							Depth Caxing Shoe 8132		
1000 1001		TUBING	, CASI	NG AND	CEMENT	ING RECOR				
HOLE SIZE -	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
17 1/2	13 3/8 54.5#		650			522 sx Cl C 1270 sx Cl C				
11	8 5/8 24& 32# 5 1/2 15.5 & 17#			4046 <b>'</b> 8132 <b>'</b>			1190 sx Cl C			
7 7/8	1 2 1	/4 15.	. J & .	Ļ/ <i>₩</i>	<del>                                     </del>	0132		1170.3	<u> </u>	
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE				ann bla fan shi	a damb on ha (	oe 6:// 24 hou	upe )
OIL WELL (Test must be after r			of load o	oil and mu	Producing	or exceed top att. Method (Flow, p	umo, eas lift, o	uc.)	P	110-2
Date First New Oil Run To Tank 5-24-93	Date of Test 6-10-93		Flowing					1-16-93		
Length of Test	Tubing Pressure			Casing Pressure			·cos	mp + BH		
24	370				0			23/64		<u>/</u>
Actual Prod. During Test	Oil - Bbl	<b>1</b> 99			Water - Bb	-			61	
GAS WELL					. <del> </del>					
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensus/MMCF			Gravity of Condensate				
					O de Des	one (Sure in)		Choke Size		
Testing Method (pitot, back pr.)	Tubing P	Tesaure (Shu	M-12)		Casing Pro	saire (Shut-ia)				
VL OPERATOR CERTIFIC	ATE O	F COM	PLIAN	NCE		OIL CON	USEDV	ATION		)NI
I hereby certify that the rules and regul	lations of t	ne Oil Conse	ervation			OIL COI	AOEUA.	AHON	אכועוכ	אוכ
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			1 _	JUN 2 8 1993						
is rime and combess to the sear of my	THOM MANAGE	VIVE.			Date Approved					
2210 .add.	, , ,	D.	_							
Signature	<u>~~~</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~		Ву			GNED BY		
	eguLat	ory Mai			MIKE, WILLIAMS					
Printed Name	Title 214)701-8377				Titl	Title SUPERVISOR, DISTRICT IT				
5-11-93 (	214,711	Te	lephone N	<del>1</del> 0.						

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.