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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

RECEIVED

OIL CONSERVATION DIVISION AUG 31 1993

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Merit Energy Company ✓		Well API No. 30-015-27577
Address 12221 Merit Drive, Suite 500, Dallas, TX 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. 10	Pool Name, Including Formation Sand Dunes Delaware West	Kind of Lease State (Federal or Fee)	Lease No. NM031963
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Section 5	Township 24S	Range 31E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM	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. 31E
	Is gas actually connected? Yes	When? 8-30-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-13-93	Date Compl. Ready to Prod. 8-30-93		Total Depth 8160		P.B.T.D. 8101			
Elevations (DF, RKB, RT, GR, etc.) 3409.8 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7845		Tubing Depth 7758			
Perforations 7845 - 8005					Depth Casing Shoe 8160			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 54.5#	650	525 SX
11	8 5/8 24 & 32#	4100	1420 SX
7 7/8	5 1/2 17 & 15.5#	8160	1045 SX

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 8-30-93	Date of Test 8-30-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 315	Casing Pressure 0	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 215	Water - Bbls. 325	Gas - MCF 365

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
8-30-93
Date
Regulatory Manager
(214) 701-8377
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 15 1993

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.