

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

OIL CONSERVATION DIVISION

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

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

RECEIVED

OCT - 4 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Merit Energy Company		Well API No. 30-015-27627
Address 12221 Merit Drive, Suite 500, Dallas, TX 75251		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Dry Hole. Need to allowable for test oil
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	for approximately 300 bbls. Plan to convert
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	water disposal well.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SDS "11" Federal	Well No. 1	Pool Name, Including Formation Sand Dunes W. Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 29234
Location Unit Letter <u> </u> : 2090 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line Section <u>11</u> Township <u>24S</u> Range <u>31E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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	Sec.	Twsp.	Rge.	Is gas actually connected?	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
			XX					
Date Spudded 8-12-93	Date Compl. Ready to Prod. 9-19-93	Total Depth 8440		P.B.T.D. 8350				
Elevations (DF, RKB, RT, GR, etc.) 3515.0 Gr	Name of Producing Formation Delaware	Top Oil/Gas Pay 8218		Tubing Depth 8152				
Perforations 8218 - 8254				Depth Casing Shoe 8440				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	11 3/4 42#	418	485 sx
11	8 5/8 32#	4450	1773 sx
7 7/8	5 1/2 15 1/2 & 17	8440	974 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 9-20-93	Date of Test 9-20-93	Producing Method (Flow, pump, gas lift, etc.) Swab Testing	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size 11-12-93 Campa & BK
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 194	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucc, 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 Sheryl J. Carruth Title Regulatory Manager
Date 9-30-93 Telephone No. (214) 701-8377

OIL CONSERVATION DIVISION

Date Approved OCT 19 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.