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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	10				Mexico 87						
I.	REC				ABLE AND			N			
Operator		10 IA	ANSP	OHIC	OIL AND N	TOHAL		ell API No.)	
Merit Energy Compar		30-039-0000									
12222 Merit Drive,		500		Da	ıllas, Te	kas 7525	1				
Reason(s) for Filing (Check proper box	r)	- .	_	_	O	her (Please ex	plain)				
New Well	Oil	Change i	n Transpo Dry Ga		7						
Change in Operator		ead Gas	- ·]	Effecti	ve Jun	e 1, 1993	3		
If change of operator give name and address of previous operator Sou	ıthern U	nion E	xplor	ation	Company	324 Hw	y YS64.	NBU3001	Farmi	ngton, NM	
II. DESCRIPTION OF WEL	L AND LE	$\overline{}$	15								
Jicarilla K		Well No. Pool Name, Inc 9 South			Blanco Pictured Cliffs			d of Lease te Federal or Fee 14		Lease No.	
Location Unit LetterM	:99	90"			South Li		90	Feet From The	Wo at	Line	
Section 12 Towns	hip 25	North	Range	5 We	est , N	мрм,	Rio Ar	riba		County	
III. DESIGNATION OF TRA	NSPORTE	መ ብር ብ	II ANI	NAT	IIDAI CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT					Address (Give address to which approved copy of this form is to be sent)						
·	me of Authorized Transporter of Casinghead Gas or Dry Gas 🔀					Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Me	X1co Unit				Post Office Box 1899 Lisgas actually connected? When				eld, NM	87413	
give location of tanks.		J&	, г w р. 	l va	e. Is gas actual	y connected?	l wh	en 7			
If this production is commingled with that IV. COMPLETION DATA	t from any oth	er lease or	pool, give	commin	gling order num	er:					
Designate Type of Completion	ı - (X)	Oil Well	G	s Weii	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth		J	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, e.c.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	1				<u> </u>		 -	Depth Casin	g Shoe		
								Dopai Casin	g blice .		
	1				CEMENTIN	IG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			<u>'E</u>	DEPTH SET			S	SACKS CEMENT		
. TEST DATA AND REQUES IL WELL (Test must be after t											
te First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					1.)	
ength of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size DECL 1992		
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCOIL CO			
AS WELL	L				J	····			\ D ist	e 63	
ctual Prod. Test - MCF/D	Length of Te	est			Bbls. Condensa	te/MMCF		Gravity of Co	ndensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
I. OPERATOR CERTIFIC	ATE OF	COX (IDI	TANC			···		<u> </u>			
I hereby certify that the rules and regula				ני	0	L CON	SERVA	ATION D	IVISIO	4	
Division have been complied with and t is true and complete to the best of my k	hat the inform	ation given	above				DEC	2 1 5 1993			
Deadh.	المالية	Eur.	े			Approved —					
Signature Sheryl J. Carruth	Regulat	tory Ma	nager		By		IPERVIS	OR DISTE	Y NOT #3		
Printed Name 11/30/93	214	_ /701-8	ide 377	_	Title_		H LHVIS	ich Die H			
Date		Telepho									

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.