Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

NM {

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, I	REQUE	ST FOR ALL	OWABLE	AND AUTH	ORIZATIO	ON			
Operator		TRANSPOR	RT OIL AN	<u>ID NATURAL</u>	GAS				
Merit Energy Con					7	Well API No. 30-0-30	1 - 2r	186	
12222 Merit Driv	e Suite 1500	·	D-11			<u> </u>	7 00	200 4	
Reason(s) for Filing (Check pro	per box)	. 40	Dalla	s, Texas 7					
New Well	·	ange in Transporter	of:	Other (Please	explain)				
Recompletion	Oil	Dry Gas	"	Effectiv	e Tuna	1 1002			
Change in Operator X	Casinghead G	us Condensate							
If change of operator give name and address of previous operator		lon Explora	tion Co	mpany 324 H	wy US64	, NBU3001	Farmi	ngton,	
II. DESCRIPTION OF								<u> </u>	
•	Well No. Pool Name						Kind of Lease No.		
Location	11	Basin	Dakota		Su	ile, Federal or Fee		ract 14	
Unit LetterE	:1455	Feet From T	he Nort	h Line and	1045	.			
Section 2	Township 25	`					West	Lin	
			<i>CU</i> 2	, NMPM, Ric	Arriba	3		County	
III. DESIGNATION OF Name of Authorized Transporter	TRANSPORTER OF	FOIL AND NA	ATURAL (GAS					
Giant Refining	Address (Give address to which approved copy of this form is to be sent)					<u>u)</u>			
Name of Authorized Transporter		P.O. Box 256 Farmington, NM 87499							
GCNM		or Dry Gas		(Give address to	vhich approve	d copy of this form	is to be sen	u)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.		O. Box 1899, Blocked?	oomfield, N	M 87413			
<u> </u>		1 1	1		Whe	n 7			
If this production is commingled will IV. COMPLETION DATA	th that from any other lease A	or pool, give comm	ningling order	number:					
Designate To C. C.	. Oil W	/ell Gas Wei	I New V	Vett 377-4					
Designate Type of Completion - (X)			ll New Well Workover Deep			oen Plug Back Same Res'v Diff Res'v			
Date Spudded	Date Compl. Ready	to Prod.	Total De	pth	<u></u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay						
Perforations			100 010 010 (11)			Tubing Depth			
2 CHOIALIOGS					· · · · · · · · · · · · · · · · · · ·	Depth Casing Sho			
	TUDING	CACING			·				
HOLE SIZE	CASING	D CEMEN	TING RECORI		SACKS CEMENT				
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET				/	
							toria - Cara		
V. minom - I -									
V. TEST DATA AND REQUIL WELL (Test must be at	UEST FOR ALLOW	ABLE			- 141	130	4 4		
Date First New Oil Run To Tank	ter recovery of total volume	of load oil and mu	si be equal to	or exceed top allow	able for this t	defile or be for (id)	24 shows.)		
	Date of Test		Producing 1	Method (Flow, pum	p, gas lift, etc) ⁽³ (, 3)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	0.11					1.7			
Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL			<u> </u>		·	_			
Actual Prod. Test - MCF/D	Length of Test		Rbls Conde	nsate/MMCF					
				HERCE TATION C. P.		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	Tubing Pressure (Shut-in)		ure (Shut-in)	-	hoke Size	· · · · · · · · · · · · · · · · · · ·		
U ODERATOR COR									
I. OPERATOR CERTIFI	CATE OF COMP	LIANCE					·		
I hereby certify that the rules and regulations of the Oil Consults			OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved JAN 0 3 1994						
			Date	Approved .	JAN U	ত ।প্রথ			
Marie Court			İ	•		1			
Signature			By 3 Chan						
Sheryl J. Carruth Regulatory Manager			SUPERVISOR DISTRICT #3						
12/29/93 214/701-8377			Title.	- SUPE	-nvi308	DISTRICT	y U		
Date	Teleph	ione No.]	-	-				

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
- 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.