Submit 5 Copies
Appropriate District Office
DISTRICT I 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

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

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I			ANSPOR						•				
Operator									API No.				
Merit Energy Compa					37	162606-25000							
Address								19	<u> </u>		<u> </u>		
12222 Merit Drive,	Suite 1	500		Dal:	las, Te	xas 752	51						
Reason(s) for Filing (Check proper bo						her (Please	explain)						
New Well		Change is	n Transporter o	of:			•						
Recompletion	Oil		Dry Gas			Effort	ivo	مميا	1 4000				
Change in Operator	Casinghe	ead Gas	Condensate			Effect	ive	June	1, 1993				
If change of operator give name	uthern II	ndon E			C	20/ 77	77.	7.6.1	177770001				
and address of previous operator SC	uthern U	nion E	xprorati	on (company	324 H	wy Y	564,	NBU3001	Farmin	ngton, NM		
U. DESCRIPTION OF WEI	L AND LE	LASE					129	ſ					
Lease Name		Well No.	Pool Name,				 		of Lease		Lease No.		
Jicarilla K		13	Sout	n Bl	anco Pi	ctured	Clif	f State	Federal or Fee		145		
Location													
Unit LetterE	:14	+50	Feet From Ti	he	North Li	se and	1070) F	eet From The	Wes	t Line		
											Line		
Section 11 Town	iship 25N	North	Range	5 W	est ,N	МРМ,	Ric	Arr	iba		County		
II. DESIGNATION OF TR	ANSPORTE			ATUI									
Name of Authorized Transporter of Oi	' 	or Conden	sale		Address (Gi	ve address to	which o	pproved	d copy of this for	m is to be s	ent) ;		
477													
Name of Authorized Transporter of Ca	singhead Gas		or Dry Gas	XX	Address (Gi	e address to	which o	pproved	l copy of this for	m is to be s	ens)		
<u>Gas Company of New M</u>		331	<u> </u>	C,	Post Office Box 1899 Bloomfield, NM 87413								
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actual	y connected	7	When	7	,			
		LJ						<u> </u>					
this production is commingled with the	at from any oth	ier lease or f	pool, give com	aninglir	ng order num	ber:							
V. COMPLETION DATA		<u> </u>	125 S	Ú.									
Designate Time of Completion	OD	Oil Well	Gas Wo	ell	New Well	Workover	D	ecpen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion			l	1		1	_ 1		1 1		i		
ate Spudded	Date Comp	pl. Ready to	Prod.		Total Depth				P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing For	rmation		Top Oil/Gas	ay			Tubing Depth				
erforations									Depth Casing	Shoe			
									1		}		
	T	UBING, (CASING A	ND C	EMENTI	NG RECO	RD						
HOLE SIZE						DEPTH SE	T		SACKS CEMENT				
										· · · · · ·			
					······································			·					
						·							
TEST DATA AND REQUE	ST FOR A	LLOWA	BLE										
IL WELL (Test must be after	recovery of tol	al volume of	load oil and i	must be	equal to or	exceed top a	llowable	for this	depth of the for	MH 24 hour.	s.) 🚌		
ate First New Oil Run To Tank	Date of Test				roducing Me						<u> </u>		
								•	int	SEAT			
ngth of Test	Tubing Press	sure	·····		asing Pressu	e			Choke Size	DEC-	3.1 %		
					•			·		DECI	P		
tual Prod. During Test	Oil - Bbls.			- v	Vater - Bbls.				Gas- MCF	9 60 00			
-									O i	.			
A C VIDOV I								1		20 8 S			
AS WELL	11		,, ,, <u></u>										
tual Prod. Test - MCF/D	Length of Te	est		В	bls. Condens	ite/MMCF			Gravity of Cond	iensale			
									- 18 TOTAL STEWNS TO SELECT	- Marketon	;		
ting Method (pitot, back pr.)	Tubing Press	sure (Shut-in	1)	C	asing Pressur	e (Shut-in)			Choke Size				
			<u></u>								1		
OPERATOR CERTIFIC	CATE OF (COMPI	IANCE										
I hereby certify that the rules and regu					0	IL COI	USE!	RVA	TION DI	VISIOI	N		
Division have been complied with and	that the inform	nation given	above							- '			
is true and complete to the best of my	knowledge and	belief.			Data	1 nnza: :-	٠.d	DEC	1 5 1993	}			
		See 1. See	_		Date	Approve	:u	שייו) T 0 100	-			
Hursell)		e tecn	で						Λ	,			
Signature	~ ~			·	Ву		7	لم	<u> </u>	/			
Sheryl J. Carruth	<u> kegulato</u>	ory Man	ager	.	•				~ () 	_		
Protect Name		Ti	itle		Title_		SUPE	RVIS	OR DISTR	ICT 13	i		
<u>11/30/93 </u>	214	1/701-8		.	,				-				
Date		Telepho	one 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 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.

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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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		TO THA	NOFUNIC	JIL AND IN	ATONAL	3AS	Well API No.	· · · · · · · · · · · · · · · · · · ·					
Merit Energy Compan	iV						30-03	20-1	C.000				
Address	<u>y</u>					l	30 0:	22 0	109407				
12222 Merit Drive,	Suite 15	00∵≈	Da	llas. Te	xas 7525	1							
Reason(s) for Filing (Check proper box					ther (Please exp		·						
New Well	•	Change in	Transporter of:		alei (i iease exp	p ,							
Recompletion	Oil		Dry Gas]									
Change in Operator KX	Casinghead	_	Condensate	1	Effecti	ive J	une 1, 19	93					
f change of operator give name and address of previous operator Sou		 -		Company	324 Hw	y YS6	64, NBU300	1 Farm	ington, Ni				
I. DESCRIPTION OF WELI				· · · · · · · · · · · · · · · · · · ·									
ease Name Well No. Pool Name, Inc					4232	i)	Kind of Lease						
Jicarilla K		13	Otero (8 2 7 3		State, Federal or	126 14.					
Location				•									
Unit Letter E	:145	50 r	Feet From The _	North L	ne and 10	70	Feet From Th	e West	tLine				
	05.		~										
Section 11 Towns	hip 25 N	North F	Range 5 We	est ,	√МРМ,	Rio	Arriba		County				
U DECICNATION OF TRA	NCDODEDI	05.011	1 3 150 3 1 4 777										
II. DESIGNATION OF TRA		or Condensa											
or responded transporter of On		or Condensa	·•	Address (Give address to which approved copy of this form is to be sent)									
Jame of Authorized Transporter of Coni				-									
lame of Authorized Transporter of Casin	- 63		r Dry Gas 👿 5 3 0	l l			roved copy of thi	•					
Gas Company of New Mer well produces oil or liquids,	X1CO 📯	<u> </u>		Post Of	fice_Box		9 Bloomf	ield, NM	1 87413				
ve location of tanks.	Unit S	Sec. T	wp. Rge	i. I is gas actual	ly connected?	[`	When?						
this production is commingled with that	I from east other		1 200		1	L							
COMPLETION DATA	. from any other	r lease or poo		gling order nur	iber:	 							
: COM ELITON DATA		01111	1556		1	,		_,					
Designate Type of Completion	(- (X)	Oil Well	Gas Well	New Well	Workover	Deep	en Plug Back	Same Res'v	v Dist Res'v				
tte Spudded		Dandu to D	<u></u>	Total Death	L	<u></u>		1					
an operation	Date Compl.	Ready to Pt	oa.	Total Depth			P.B.T.D.						
OF DED DE CO	- 			7. 07.21	K								
evations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing Form	ation	Top Oil/Gas	ray		Tubing De	Tubing Depth					
riorations		1		· · · · · · · · · · · · · · · · · · ·									
TOTALONIA							Depth Casi	ng Shoe					
			ASING AND	CEMENTI		D							
HOLE SIZE	CASIN	NG & TUBI	NG SIZE	ļ	DEPTH SET			SACKS CEN	MENT				
<u> </u>						-·			· · · · · · · · · · · · · · · · · · ·				
	 								····				
	 							·					
TECT DATA AND DECLIE	L FOR II	LOWIN		<u> </u>									
TEST DATA AND REQUES													
L WELL (Test must be after re		volume of la	oad oil and must					for full 24 ho	urs.)				
le First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pur	np, gas l							
				<u> </u>			105	اطألاناه					
gth of Test	Tubing Pressur	re		Casing Pressu	ne		Chake Size	SE 6					
	<u> </u>						Gas- MCF	DEC1 <u>5</u>	1993				
ual Prod. During Test	Oil - Bbls.			Water - Bbis.	Water - Bbis.			and a state of	3				
							Oil	<u>. Con</u>	i, My				
AS WELL								DIST.	<u></u>				
ual Prod. Test - MCF/D	Length of Test	<u> </u>		Bbls. Condens	ate/MMCF		Gravity of C	ondensate	· ·				
			ļ		*			may arrange of the comment	,				
ing Method (pitot, back pr.)	Tubing Pressur	re (Shut-in)		Casing Pressur	e (Shut-in)		Choke Size						
• • •				<i>G</i>	,				ĺ				
ODED ATOR CERTIFIC	ATTE OF C	O) (D)											
OPERATOR CERTIFICA					וו רטעופ	SED.	VATION	אוופור	M				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION									
true and complete to the best of my kn	nat the informati nowledge and h	uon given ab elief	ove				DEC 1519	193					
	TO THE OWNER AND DE	onor.		Date	Approved		~						
10 -24:		The same					\sim	/					
J- Juste	: <u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		By		مهداكم	() Ch						
Sheryl J. Carruth Re	egu]atorv	Manage	er	Dy	^	HOST	IVISOR DIS	TRICT #	2				
rint∞d Name		Title				UPEH	IVISUN DIS	cou⊌t #	ਈ				
11/30/93	214/	701-83		Title_									
Date		Telephone		1									

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

I.	REQUEST FO	ANSPORT	OIL AND : AARLE AN	NATHDAL	OTAZIAC GAS	NC				
Operator			0.271170	WITOTIAL		Vell API No.				
Merit Energy Cor	npany		30-039-20							
1	ve, Suite 1500	r 1173 - 1 5	D - 11			90	3 / 6	Mar 10		
Reason(s) for Filing (Check pr	oper box)			Texas 75						
New Well	Change in	Transporter of:		Other (Please e						
Recompletion		Dry Gas] E1	ffective	June 1	, 1993				
Change in Operator X	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator	Southern Union E	xplorati	on Compa	nv 324 F	two US6/	MBII300	1 22			
II. DESCRIPTION OF	WELL AND LEASE				, 000-	1, 110000	1 rarm	ington,		
Lease Name	Well No. 1	Pool Name, Inch	uding Farmatia							
Jicarilla K	13592 Well No.	Basin Da	kota	7159	G Ki	nd of Lease ue Federal or F	ce Com	Lease No.		
Location							Con	tract 14		
Unit LetterE	: 1450	eet From The _	North ,	ine and	L070	E E. m	West			
Section 11	•		_	100 200		Feet From The		Line		
Section II	Township 25 N R	lange 5	ω	NMPM, Rio	Arriba	1		County		
II. DESIGNATION OF	TRANSPORTER OF OIL	AND NATI	IDAL CAC	•						
	or Condensal	e	Address (G.	ive address to s	vhich approv	ed copy of this f				
Giant Refining			P.O. I	3ox 256 Farn	nington, NA	л 87499	orm is to be .	sens)		
Name of Authorized Transporter GCNM		Dry Gas X	P.O. Box 256 Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)							
well produces oil or liquids,		030	P.O. E	ox 1999, Bio	omfield, N	M 87413		/		
ve location of tanks.	Unit Sec. Tw	/p. Rge.	ls gas actual	ly connected?	Whe	n 7				
this production is commingled w	ith that from any other lease or pool	orive commin-	<u> </u>							
COMPLETION DAT	A 3 3 3	X 1 05 C		beг:						
Designate Town of C	0177	Gas Well		Workover	<u> </u>	1 5 5 1		-,		
Designate Type of Comp			1	i moikover	Deepen	Plug Back	Same Res'v	Diff Res'v		
ile Spudded	Date Compl. Ready to Proc	1.	Total Depth	L	L	P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	·		L			1.5.1.5.				
oredom (Dr. RRB, RI, GR, EIC.)	Name of Producing Formati	ion	Top Oil/Gas P	ay		Tubing Depth				
riorations					···	L				
						Depth Casing	Shoe			
	TUBING, CAS	SING AND	TEMENTIN	G DECORE						
HOLE SIZE	CASING & TUBING	SIZE		DEPTH SET	<u>, </u>		01/0 05/15			
				7-41-11-02-1	6		CKS CEME	NI		
					ינין		9 ***			
								N. A.		
TEST DATA AND REO	UEST FOR ALLOWABLE	, 				EONAL	1004			
WELL (Test must be a	fier recovery of total volume of load	s Loil and must be			63.2	4	1334			
First New Oil Run To Tank	Date of Test	P	roducing Meth	od (Flow, pump	able for this	apil or bt for	ull 24 hours.),		
				oc (1 tow, purit	, gas iyi, eic	, DIST.	9			
th of Test	Tubing Pressure	C	asing Pressure		10	Choke Size	-			
al Prod. During Test								1		
at From During Test	Oil - Bbls.	W	ater - Bbls.		-	Gas- MCF				
			· · · · · · · · · · · · · · · · · · ·							
S WELL al Prod. Test - MCF/D										
a riou iest - MCI/D	Length of Test	Bt	ls. Condensate	/MMCF /	70	cavity of Conde	nçale	<u> </u>		
g Method (pitot, back pr.)	Tubing Day		:							
U (paor, coun pr.)	Tubing Pressure (Shut-in)	· Ca	sing Pressure (Shut-in)	C	hoke Size	·			
OPERATOR CERTIFIE	ICATE OF CO.					***				
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rision have been complied with a	gulations of the Oil Conservation nd that the information given above		OIL	- CONSI	EHVAI	JON DIV	NOISIY			
rue and complete to the best of m	ly knowledge and belief.	il.	_		JAN	0 3 1994	ļ.			
-		[]	Date Ap	oproved_						
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nature Shervi I Carruth	.,		Ву	_	•	4				
Sheryl J. Carrutñ Mare	Regulatory Manage: Title 214/701-8377	<u>-</u> -	Ву	_	•	OR DISTR	ICT #3			

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Telephone No.

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