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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TOTRANS	SPORT O	IL AND NA	TURAL G	AS				
Openior Merit Energy Company						I API No.			
Merit Energy Company				30-039-06205					
Address	Cuito 1500	~ n_1		7505	1				
12222 Merit Drive,		. ра.	llas, Tex						
Reason(s) for Filing (Check proper box,				her (Please exp	lain)				
Recompletion	Change in Tra	y Gas		T.C	-	4 4000			
Change in Operator	· ·	ndensate		Effectiv	ve June	1, 1993			
If change of operator give name			· · · · · · · · · · · · · · · · · · ·						
and address of previous operator Sou	thern Union Expl	oration	Company	324 Hwy	y YS64,	NBU3001	<u>Farmin</u>	gton, NM 8	
II. DESCRIPTION OF WELI	LAND LEASE								
Lease Name		ol Name, Inclu	ding Formation		Kind	of Lease	1	ease No.	
Jicarilla D	3	Tapacit	o Pictur	ed Cliff	S State	, Federal or Fe	100		
Location	·····								
Unit LetterI	. 1650 Fee	I From The	South Lin	e and 10	90	Feet From The	East	Line	
Section 32 Towns	hip 26 North Rai	nge 3	West ,N	мрм,	Rio Arr	iba		County	
III. DESIGNATION OF TRA		AND NATU			17-1	1 (41 - 1			
Name of Authorized Transporter of Oil	or Condensate		Address (Gr	ve adaress to w	nich approve	d copy of this f	orm is 10 de se	ENI)	
Name of Authorized Transporter of Casi	nghand Cas	Ory Gas [XX]	Address (Civ	a addrage to w	Lich approve	d copy of this f	orm is to be s	(1	
· ·	-	لككا وون ورد	,		• • •				
Gas Company of New Me If well produces oil or liquids,	Unit S∞. Tw	n Rae	Is gas actuall		When	Bloomfie	ra, NM	8/413	
give location of tanks.	1 1 1	r. 1.60.	le gas access	y commence.	1	• •			
If this production is commingled with that	t from any other lease or pool.	give comming	ling order numi	ber:					
IV. COMPLETION DATA		6							
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		0.0 o.i			5070				
Date Spudded	Date Compl. Ready to Proc	i.	Total Depth	L _{w-}	J	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
* '									
Perforations		· · · · · · · · · · · · · · · · · · ·	1			Depth Casing	g Shoe		
			•			,			
	TUBING, CA	SING AND	CEMENTIN	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
,									
			<u> </u>			<u> </u>			
V. TEST DATA AND REQUE									
	recovery of total volume of loa	d oil and must	be equal to or	exceed top allo	wable for thi	s deprisor begin	ir full 24 bour	3. A. P.	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	mp, gas iyi, e	ilc.)	3 E 3		
							I Control		
Length of Test	th of Test Tubing Pressure		Casing Pressure			Choke Siz DEC1 5 1993			
		W. Dil			Car MCE				
Actual Prod. During Test	Oil - Bbls.	Bbls.		Water - Bbls.			Gas-OFL COIN. LINE		
		······································			 	<u> </u>	OIST.	2	
GAS WELL	,								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Co	ondensate		
	•						Care Care San Sala and a		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	re (Shut-in)		Choke Size			
						<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF COMPLIA	NCE							
I hereby certify that the rules and regul	•			IL CON	SEHV	ATION E	NVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									
			Date ApprovedDEC 1 5 1993						
	a the		Date	, hhi over	<u> </u>				
Signature Sheryl J. Carruth Regulatory Managere									
			By 3.4) El-						
			SUPERVISOR DISTRICT #3						
Printed Name 11/30/93	Title 214/701–837		Title_		2-V1 L11		J (11 Q ()	r W	
Date	Telephone								
	Leiephotic		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.