DISTRIBUTIO	- I	1
		
SANTA FE		1
FILE		
9.5.6.5.		Ī
LAND OFFICE		
IRANSPORTER	OIL	
TARAS OATER	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		

}	SANTA FE	REQUEST F	onservation commis FOR ALLOWABLE AND		Supersedes Old (Ellective 1-1-65	C-104 and C-1			
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NA	ATURAL GAS	·				
l	IRANSPORTER GAS	·· •							
	OPERATOR		•.		• • .				
1.	Operation OFFICE Operator Southern Union Explo	ration Company							
	Address 1217 Main Street. Su	ite 400, Texas Federal Bl	ldg., Dallas, Tex	kas 7520 2					
	Reason(s) for filing (Check proper box)		Other (Please e						
	New Well Recompletion	Change in Transporter of: Oil Dry Gas		f operator	and address.				
	Change in Owrership	Casinghead Gus Condens		-1 F	, D71- W				
	If change of ownership give name sand address of previous owner	UPRON Energy Corporation,	10300 N. Centi Dallas, Texas		way, Bidg. V,	5th FI.			
11.	DESCRIPTION OF WELL AND I	EASE Well No.; Pool Name, Including Fo	rmation 1	(ind of Lease	<u> </u>	Lease No.			
	Jicarilla "E"	4 Tapacito Pictu	red Cliffs !	State, Federal or I	Federal	104			
	Unit Letter;		990 and	Feet From The		· · · · · · · · · · · · · · · · · · ·			
	Line of Section 22	nship . 26N. Range	4W , NMPM,		Rio Arriba	County			
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	·	· .:				
	Name of Authorized Transporter of OII	• .	Address (Give address to						
	Name of Authorized Transporter of Cas Gas Company of New Mexic		Address (Give address to First Internation Is gas actually connected	onal Bldg	-	_			
	If well produces oil or liquids, give location of tanks.			i					
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,							
	Designate Type of Completio	n - (X) Gas Well	New Well Workover	Deepen Pl	ug Back 'Same Res'v	. Diff. Restv			
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.	B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O11/Gas Pay	T	uking Depth				
	Perforations			De	epth Casing Shoe	•			
		TUBING, CASING, AND							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEME	.NT			
		<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
<u>:</u> .	TEST DATA AND REQUEST FO	DE ALLOWARIE (Test must be a	1 Iter recovery of total volum	e of load all and	must be equal to or ex-	seed top allo			
Y.	OIL WELL Date First New Cil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow.						
	Sets First New Cit Aut. 10 Tailes								
	Length of Test	Tubing Pressure	Casing Pressure		toi. Sl				
	Actual Fred, During Test	Oil - Bbis.	Water-Bbla.	G	griper und W.	D/			
		<u> </u>		_	JAN 2 8 191	- 1			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensore/MMCF	C	Oli CON CO	M. /			
,	Testing Method (pilot, back pr.)	Tubing Pressure (Sout-in)	Casing Fressure (Shut-	12) C	ticke Size				
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL C		ON COMMISSION				
•	I hereby certify that the rules and a Commission have been complied w	APPROVED JAN 28 1981							
:	shove is true and complete to the	best of my knowledge and belief.	SUPERVISOR DISTRICT #						
•,		1101	1	be filed in com	plience with RULE	1104.			
•	1 out o	leur 2	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 11%. All acctions of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter, or other such change of conditions.						
•	Drilling & Production	on Engineer							
! :	12/	30/80							
•	(De	ne)							

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>	0	TOTR	ANS	PORT	OIL AND N	ATHONIA	MIZA HOI Gae	V		
Operator				. 5111	OIL AIND IN	AT URAL		II API No.		
Merit Energ	zy Company				·		- 1		39.1	16415
									31-6	76412
Reason(s) for Filing (Check proper	Drive, S	uite #	500	Da1	las, Tex					
New Well	00x)	~			[O	ther (Please ex	plain)			
Recompletion	Oil	Change in		sporter of:	7					
Change in Operator KX	Casinghe	ad Gas	Dry (lensate	ן כ					
If change of operator sine as	 -					·				
and address of previous operator So	uthern Un	ion Exp	plor	ation	Company	324 Hwy	US64, N	BU3001	Farmine	rton NM
II. DESCRIPTION OF WI	ELL AND LE	ASE				·	ŕ			,
Lease Name					cluding Formation King			nd of bease Lease No.		
Jicarilla E		4		Tap aci	to Pictur	ed Clif:	Es State	Federal or F	ee 104	
	,	300								
Unit Letter <u>A</u>	:8	390	Feet I	From The	North Li	ne and	990	Feet From The	East	Line
Section 22 Tox	waship 26 No									Linc
					est ,N		<u>Arriba</u>	1		County
III. DESIGNATION OF TH	RANSPORTE	R OF O	IL AN	ND NAT	URAL GAS					
Name of Authorized Transporter of C	IK	or Conden	sate		Address (Gi	ve address to w	hich approve	d copy of this	form is to be	seni) t
Name of Authorized To										•
Name of Authorized Transporter of C			or Dry	Gas XX	1	ve address to w				
Gas Company of New 1 If well produces oil or liquids,	1	<u> </u>		- ₁ <u>-</u> -	Post Of	fice Box				
rive location of tanks.	10m 1	Sec.	Twp.	Rge	ls gas actuall	y connected?	When	2 ?		
this production is commingled with	that from any orb.	er lease or r								
V. COMPLETION DATA	Lay our	or rease or p	ooi, giv	ve communi	ging order num	ber:		 -		
D		Oil Well		Gas Well	New Well	Workover	Deepen	I him had	10 5	
Designate Type of Complete		<u>i</u> _	i			Workover	Deepen	I ring Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl	l. Ready to	Prod.		Total Depth		4 <u> </u>	P.B.T.D.	1	
levations (DF, RKB, RT, GR, etc.)										
ievadous (Dr., KKB, KI, GK, elc.)	Name of Pro	oducing Fon	mation		Top Oil/Gas Pay			Tubing Dep	th	
erforations				·						
								Depth Casin	g Shoe	
· · · · · · · · · · · · · · · · · · ·		IRING C	AID AF	IC AND	CELCELITE	IC PROS				
HOLE SIZE	CAS	ING & THE	NUC 6	IZE	D CEMENTING RECORD					
		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
										
TECT DATA AND DECL	500 F05									
TEST DATA AND REQUIL WELL Test must be after	EST FOR AL	LOWAI	BLE					<u> </u>		
IL WELL (Test must be after the First New Oil Run To Tank	Date of Test	I volume of	load oi	il and must	be equal to or e	xceed top allo	wable for this	depth or be fo	r full 24 hou	(i.) (j. 4) - (-
Table To Table	Date of Test			j	Producing Met	hod (Flow, pur	np, gas lift, et	c.) 🔝 🗼		s 57 Ca -
ngth of Test	Tubing Press				Cacina Process					7
	Tuoing Flessule			Casing Pressure			Choke Size APRI 2 1993			
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.		Gas-MIL CON. D.			
								on Oil	CON	3
AS WELL									- D:51 .	<i>B</i> .
tual Prod. Test - MCF/D	Length of Tes	st			Bbls. Condensa	le/MMCF	— — т	Cmulai IS	=1. ==	
								Gravity of Co		,]
ting Method (pitot, back pr.)	Tubing Pressu	re (Shut-in)			Casing Pressure	(Shut-in)		Choke Size		
					•					
OPERATOR CERTIFIC	CATE OF C	OMPI I	ANC	F						
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above strue and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION				N		
				11					1 4	
b use and complete to the best of my	knowledge and b	elief.			Data A	Approved	AP	R 1 2 19	93	
Cal lieb					Date	,hhi oved				
Signature Chen	٩				Ву	_	3 - 1 >	\mathcal{A}		
Donald E. Spe	nce Vi	ce-Pres	ahta	nr	∟		/ - /	X, 154.0-		
rinted Name		Titl	le		Tala	S	UPERVIS	OR DIST	RICT #3	3
APRIL 1, 1993	214	4/701-8			Title_		·			
Date		Telephon	e 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.