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

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 Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	10 TRA	NSPORT O	IL AND N	ATURAL G					
1 ·			Well API No.						
Merit Energy Compan	y · - 1 · -				2	<u>D 039</u>	1 308	351	
12222 Merit Drive,	Suito 1500.	t D	11 m.	7505					
Reason(s) for Filing (Check proper box		Da.	llas, Te						_
New Well		T		her (Please exp	lain)				
Recompletion		Transporter of: Dry Gas	l	Effective	a luno	1 1002			
Change in Operator	Casinghead Gas	Condensate			e oune	1, 1993			
If change of operator give name				·····	 				
and address of previous operator 500	thern Union Ex	ploration	Company	324 Hwy	7 YS64,	NBU3001	Farmin	ngton, Ni	<u>M</u> 8740
II. DESCRIPTION OF WELL									
Jicarilla A		1/			of Lease No. Federal or Fee				
Location	16	Tapacit	o Pictur	ed Cliff	S SCAR	· · · ·	105		_
·T-	1050								
Unit Letter	:1850	Feet From The _	South Li	e and <u>119</u>	<u>0 </u>	eet From The	_East_	Line	
Section 13 Towns	26 M		•						
Section 13 Towns	hip 26 North	Range 4	West ,N	МРМ,	<u>Rio Ar</u>	riba		County	
III. DESIGNATION OF TRA	NSPODTED OF OT	I AND NATE	IDAT CAC						
Name of Authorized Transporter of Oil	L AND NAIL	Address (Give address to which amount a set of the Control of the						- 7	
,	Addiess (Give data ess to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casi	nghead Gas	or Dry Gas XX	Address (Gi	e address to wi	hich annous	d conv of this	form is to be -	-anti	4
Gas Company of New Me									
If well produces oil or liquids,	Post Office Box 1899 Bloomfield, NM 87413 e. is gas actually connected? When?						-		
give location of tanks.	Unit Sec.	Twp. Rge.	3 3	,	1	• •			1
If this production is commingled with that	from any other lease or p	ool, give comming	ling order numi	ber:					
IV. COMPLETION DATA	•	, ,	,						_
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	ר
Designate Type of Completion	- (X)	1	1		i Dapa	I Ting Dack	Same Res v	1	İ
Date Spudded	Date Compl. Ready to F	Prod.	Total Depth	L	L	P.B.T.D.	J		-
•	' '		1			1.5.1.5.			į
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			-
	Tuoning Deput								
Perforations	Depth Casing Shoe					-{			
						Jopan Gasin	8 01100		
	TURING C	'ASING AND	CEMENTIN	JG RECORI	<u> </u>	!			-
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
,									-
						ļ			-
		· · · · · · · · · · · · · · · · · · ·				 			-
			-						-
. TEST DATA AND REQUES	T FOR ALLOWAL	BLE	L			1			ل
	ecovery of total volume of		be equal to or	exceed top allow	wahle for this	denth or he f	or full 24 hour	re 1	
Date First New Oil Run To Tank	Date of Test		 	thod (Flow, pur					}~.
	2000				. 1., 0 3., 0				
ength of Test	Tubing Pressure		Casing Pressur			Chok Ble	648 (7 (3)	<u> </u>	
	Tuoing Pressure	doing Fressure			Casing Flesoure				1
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF	DEC ₁ 5	1993	1	
	On - Bois.		Water - Dorac			الم التقام الكام	ļ	1	
	I		ļ	·····				32 3	J
GAS WELL	·								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Co	ondensate		
				>		** ***		•	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in))	Casing Pressur	e (Shut-in)		Choke Size			
									1
I. OPERATOR CERTIFIC	ATE OF COMPL	IANCE							•
I hereby certify that the rules and regulations of the Oil Conservation			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 DEC 1 5 1993						
	•		Date	~hhiovea					
I Danakis									
Signature	By Sind Share								
Sheryl J. Carruth	SUPERVISOR DISTRICT 13								
Printed Name 11//30/93 -	Title								
11//30/93 -	214/701-8								
	Telepho	DE IVO.							
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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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.