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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	TO TRA	NSPC	ORT OIL	AND NA	TURAL G.		A DI N'a			
Operator Community			API No.	39-21110							
Merit Energy Company							130-	039-211	<u> 10</u>		
12221 Merit Drive, Su	uite 500	O, Dal	las,	TX 7	5251						
Reason(s) for Filing (Check proper box)					_ Out	es (Please expl	aun)				
New Well Recompletion	Oil	Change in	Transpor Dry Gas								
Change in Operator	Casinghead		Condens	_							
If change of operator give name	outhern	Union	Exp1	oratio	on Compa	ny 324 E	Juny 1156/1	NB1130	01 Farmi	ingto	n 177
			DAP	<u> </u>	on compa	Hy 347 I	wy ond-	,	\/.L <u>L </u>	0	7401
II. DESCRIPTION OF WELL Lease Name	ing Formation Kind			of Lease No.							
Jicarilla E	Well No. Pool Name, Including Form 11 Tapacito Pict					d Cliffs	Sinal	Federal or Fe	e j	L04	
Location		^									
Unit LetterC	_ :80	0	Feet Fro	on The	North L	e and207	75 Fe	et From The	<u>West</u>		Line
Section 22 Township	26 N		Range	4W	. N	м рм , Ric	Arriba			Coun	ıt y
Sector 22 Towns	, 2011					1111	7.7111100				
III. DESIGNATION OF TRAN					RAL GAS		Link				
Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form P. O. Box 256 Farmington, NM 87										int)	
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be					ens)					
Gas Company of New Me						ox 1899			87413		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Т wp .	Rge.	is gas actuali	у совлестей?	When	?			
If this production is commingled with that t	from any other	er lease or :	pool, give	comming	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Re	£ & Y
Date Spudded	Date Comp	Date Compil. Ready to Prod.				Total Depth					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	nducing Fo	TTD ALLOW		Top Oil/Gas	Pay		Tubing Dep			
Elevations (Dr., RRB, R1, OR, ac.)	TALLS OF THE	ouscing : 0				,		Tubing Dep	u.		
Perforations	-							Depth Casir	ig Shoe		
	_	TIRING	CASD	IC. AND	CEMENTI	NC RECOR	<u> </u>	<u>:</u>			
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEM	ENT		
		0/10/10 100/10 0/12									
	 			·							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1						
OIL WELL (Test must be after r			of load o	d and must			 		for full 24 hou	es.)	
Date First New Oil Run To Tank	Date of Test Tubing Pressure Oil - Bbls.				Producing M	ethod (Flow, pi	uc.)				
Length of Test					Casing Pressure			Choke Size			li.
									रेश है 199	3	
Actual Prod. During Test					Water - Bbis			OL CON DIV			
GAS WELL	1				<u> </u>				DIST. 3	JIV	
Actual Prod. Test - MCF/D	Length of	Cal		·	Bbis. Condet	MMCF '			Coodensia-		
_											
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COMP	ITAN	CF	1						
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.							IPR 1 2 1993				
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Shervl J. Carruth	Regulat	torv M	anage	r	By_					# A	
Printed Name			Title		Title		SUPER	MOUH DI	ISTRICT	# J	
4-2-93 (21 Due	<u> 14) 701-</u>		-hc- **		IIIIe						
a value		i ele	phone N	U.	11						

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.