Submit 5 Copies
Apriopriate 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

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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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TO	<u>O TRAN</u>	ISPORT O	L AND NA	ATURAL G	AS				
Merit Energy Company				API No.						
Address	30-039-21772									
12222 North Drive, S Reason(s) for Filing (Check proper box)	uite 1500)	Dal		kas 7525] her (Please exp		 -			
New Well	C	hange in Tr	ansporter of:	ی د.			1 100	2		
Recompletion	Oil Casinghead (ry Gas U		ETTECT	riveJune	1, 199	3		
If change of operator give name	thern Uni			Company	22/ U	- VC6/	NDUIZOOI			
•			TOTAL TOIL	Company	324 nwy	y YS64,	NROZUUI	Farmir	igton, NM	
II. DESCRIPTION OF WELL Lease Name			ol Name, Includ	ling Formation	 -		of tease	i	ease No.	
Jicarilla A	2	1	Tapacito	Pictur	ed Cliff	S State	Federal of Fe	e 105		
Unit Letter B	. 119	0 е.	et From The	North	1	6·90 г	ant Emany 7th a	Eas	t ,	
	 , 				JC 400	C	eet From The		Line	
Section 13 Townsh	<u>ip 26 No</u>	rth Ra	inge 4	West , N	МРМ,	Rio Ar	riba		County	
III. DESIGNATION OF TRAN	RAL GAS Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Oil	or or	Condensate	, 🗀	Address (Gi	ve address to w	hich approved	copy of this f	orm is to be s	ent) [
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)									
Gas Company of New Mexico Post Office Box 1899 Bloomfield, NM Well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?								87413		
give location of tanks.	<u>i i i </u>						· •			
If this production is commingled with that IV. COMPLETION DATA	from any other le	ease or pool	l, give comming	ling order num	ber:					
	C	il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. R	eady to Pm	<u></u>	Total Depth	<u></u>	<u> </u>	1222	<u> </u>		
om opassu	Date Compt. K	cady to 110	· ·	Total Depar			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
			·		· · · · · · · · · · · · · · · · · · ·		•			
HOLE SIZE		SING, CA G & TUBIN	SING AND	CEMENTI	NG RECOR DEPTH SET	D	1 -	ACKS CEM	TNIT	
HOLE SIZE	OASING	3 8 100114	10 3125		DEF IN SET			ACKS CEM	EINI	
										
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	olume of lo	ad oil and must		exceed top allo whod (Flow, pu			or full 24 hou	(1) T	
	Date of Tex			•						
Length of Test	Tubing Pressure			Casing Pressure			Challe Caze	DEC1 5	1993	
ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
							Wil		. DIV	
GAS WELL	71 - 1 - 12 - 1			ISO S			10	Dist.	3	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	ondensate		
esting Method (pilot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pressu	re (Shut-in)		Choke Size		1	
I OPERATOR CERTIFIC	L CR CK									
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.				DEO 1 5 1002						
is true and complete to the best of my k	nowledge and be	silei.		Date	Approved	4	C 1 5 19	93		
Thank & Carrent				By 3 11 A						
Sheryl J. Carruth Regulatory Manager				SUPERVISOR DISTRICT #3						
Prioted Name Title 11/30/93 214/701-8377				Title.	· S	UPERVIS	SOR DIST	FICT #		
Date	214/	Telephone								
		-		Ц						

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.