Submit 5 Copies
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

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	IO IHA	NSF	OHI OIL	AND NA	TURAL	<u> </u>	* ***				
Openior Merit Energy Compan	у.	1						Well Al		2236	5 <i>lc</i> .	
Address 12222 Merit Drive,	Suite-1	i5 00	≅,		Dallas,		752	251				
Reason(s) for Filing (Check proper bax)					Oth	er (Please ex	plain)					
New Well Change in Transporter of:												
New Mett	The second representation of the second repre											
Recompletion \bigsqcup	Oil	닏	•		PEFF	CLIAE 1	IOM I	., 199	3		ļ	
Change in Operator	Casinghead	d Gas 📙	Cond	ensate			·					
	thern U	nion I	xp1	oration	Company	7 324 Hw	y US	64, N	BU3001	Farmin	gton, NM	
II. DESCRIPTION OF WELL	AND TE	CF ·										
	HIND LEA		Bool	Name Includis	na Formation			Kind of	Lease	Le	ase No.	
Lease Name Well No. Pool Name, Including						Sı			ate, Federal or Fee Contract 105			
Jicarilla A 13	594	13E	<u>B</u>	<u>asin Dal</u>	<u>cota</u>							
Location N 1120 Feet From The South Line and 1635 Feet From The West Line												
Unit Detier												
Section 13 Township 26 Range 4 W, NMPM, Rio Arriba County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil	(Give Boaress to which approved copy of the Jonis Comments											
Giant Refining (P.O. Box 256 Farmington, NM 87499											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413						
	Rge.	Is gas actually connected? When ?										
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.			,		i				
	<u> </u>			ive comminati	ing order num	her						
If this production is commingled with that f	tom any our	er lease or	poor, §	tive community	ing Order main							
IV. COMPLETION DATA						1			Dive Deels	Same Res'v	Diff Res'v	
		Oil Well		Gas Well	New Well	Workover	İ	еерев	Plug Back	Same ver A	pin Kes v	
Designate Type of Completion -	- (X)	1			 	İ				L	<u></u>	
	Date Comp	i. Ready to	Prod.		Total Depth	-			P.B.T.D.			
Date Spudded												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
									Depth Casing Shoe			
Perforations								1		•		
	7	TIBING.	CAS	ING AND	CEMENTI	NG REC		EAS				
						DEPTH S	8) [ACKS CEME	ENT	
HOLE SIZE CASING & TUBING SIZE												
						40						
					JAN 0				3 1934			
						3,						
						OIL CON DIV						
V. TEST DATA AND REQUES	TEOR	LLOW	ABL	E			@ F E			▼•3		
	T POR A	and malama	ofloa	– d oil and must	he equal to o	r exceed top o	allowab	leyaDIS	Lepilor be	for full 24 hou	rs.)	
OIL WELL (Test must be after re	Date of Te		oj iou	000000	Producing N	lethod (Flow.	nump.	gas lift, et	(c.)			
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)										
	Tubing Pressure				Casing Pressure				Choke Size			
Length of Test									0.0.0.0			
					<u> </u>				Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	L.			Gas- MCF			
Living 1 ton mand									<u> </u>			
												
GAS WELL								- T	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nete/MMCF			CHANITA OF	Concenses	1	
					1.				<u> </u>			
- I was a second second	Tubing Fr	essure (Shu	t-in)		Casing Pres	sure (Shut-in)			Choke Size		ļ	
Testing Method (pilot, back pr.)		, , ,	•		1			,				
	<u> </u>				┤┌── ─							
VL OPERATOR CERTIFIC			NIC	FRV	MOITA	DIVISIO	NC					
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the On Control of the Division have been complied with and that the information given above						JAN 0 3 1994						
is true and complete to the best of my	knowledge i	nd belief.			Dot	e Appro	ved					
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Signature	_ :7		. مسالت ال	9.5	-,		SUP	ERVIS	OR DIS	TRICT #3	3	
Sheryl J. Carruth Re	gulato	ry Man	ver	<u> </u>				-				
Printed Name	21 / /7	M1 027	つ山(フ	§' · ·	Title	θ						
12/29/93	214//	01-837		- No.								
Date		Te	ephon	6 NO.	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.