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, Arlesia, NM 882		RVATION DIVISION O. Box 2088	at portout of tage
DISTRICT III	Santa Fe, Ne	ew Mexico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM 1	REQUEST FOR ALLO	WABLE AND AUTHORIZAT	TION
I. Operator	TO TRANSPORT	OIL AND NATURAL GAS	
Merit Energ	v Company		Well API No.
Address			130-04505760
Reason(s) for Filing (Check proper	Drive, Suite #500 Da	allas, Texas 75251	
New Well	Change in Transporter of	Other (Please explain) f:	
Recompletion	Oil Dry Gas Casinghead Gas Condensate		
If change of operator give name			
II. DESCRIPTION OF WI	ELL AND LEASE	n Company 324 Hwy US64	, NBU3001 Farmington, NM 8
Lease Name		ncluding Formation	Kind of bease Lease No.
Newsom	i i	rd Pictured Cliffs	State, Federal or Fee SF078433
Location Unit Letter E	. 1550 Feet From Th	Nowah 000	
	a con it is in the control of the co	e North Line and 990	Feet From TheLine
Section 20 Tox	vnship 26North Range	8 West ,NMPM, San	Juan County
II. DESIGNATION OF TI	RANSPORTER OF OIL AND NA	TURAL GAS	
Name of Authorized Transporter of (Oil or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas X	X Address (Give address to which app	proved copy of this form is to be sent)
Gas Company of New 1 I well produces oil or liquids,		Post Office Box 189	99 Bloomfield, NM 87413
ve location of tanks.	Unit Sec. Twp. I	Rge. Is gas actually connected?	When ?
this production is commingled with V. COMPLETION DATA	that from any other lease or pool, give comm	ningling order number:	
	Oil Well Gas Wel	New Well Workover Dec	pen Plug Back Same Res'v Diff Res'v
Designate Type of Complete		1 1 1	Pour Fing Back Same Res V Dill Res V
ate Spanier	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
riorations			
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AN	ID CEMENTING RECORD	
NOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQU			
IL WELL (Test must be after the First New Oil Run To Tank	r recovery of total volume of load oil and mu	usi be equal to or exceed top allowable fo	
	Date of Year	Producing Method (Flow, pump, gas	lift, etc.)
ngth of Test	Tubing Pressure	Casing Pressure	Choke it
tual Prod. During Test	Oil - Bbls.	Water - Bbls.	APR1 2 1993
		200	OIL CON. DI
AS WELL			DIST. 3
tual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ODED ATOR CERTIFIE	CATE OF COLUMN		
. OPERATOR CERTIFIC hereby certify that the rules and reg	CATE OF COMPLIANCE	OIL CONSER	VATION DIVISION
Division have been complied with an	d that the information given above		
is true and complete to the best of my knowledge and belief.		Date Approved	APR 1 2 1993
(ronald & se	nil		· ~ /
Donald E. Spe	nce Vice-President	By	1) Chang
Printed Name ACR 11 19	Title	TitleSUPE	ERVISOR DISTRICT #3
777711 1 14	7 3 /14//HH=X3//		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

APRIL 1, 1993

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

214/701-8377

Telephone No.

- 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.