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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM	87410	ew Mexico 8/504-2088			
I.	HEQUEST FOR ALLO	DWABLE AND AUTHORIZ	ZATION		
Operator	IO INANSPUR	T OIL AND NATURAL GA			
Merit Ener	rgy Company		Well API No.		
Address	9,		130-045-05814		
12221 Meri	it Drive, Suite #500 I	Dallas, Texas 75251			
Reason(s) for Filing (Check prope	er box)	Other (Please explain	in)		
New Well	Change in Transporter of	of:			
Recompletion	Oil Dry Gas				
If change of operator sine same	Casinghead Gas Condensate				
II DESCRIPTION OF W	outhern Union Exploratio	n Company 324 Hwy US	64, NBU3001 Fa	rmington, NM	
II. DESCRIPTION OF W Lease Name					
Ruthven	Well No. Pool Name, I	Including Formation	itind of Lease	Lease No.	
Location	I Dails	ard Pictured Cliffs	State, Federal or Fee	E-2525	
Unit Letter N	: 990 Feet From Th	0 11	_		
Omi Dellei	Feet From T	he <u>South</u> Line and <u>1450</u>	Feet From The	WestLine	
Section 16 To	ownship 26 NorthRange	8 West , NMPM, Sa	an Juan		
W. D.			ili Juali	County	
II. DESIGNATION OF T Name of Authorized Transporter of	RANSPORTER OF OIL AND NA	ATURAL GAS			
ivalie of Audionzed Transporter of	Oil or Condensate	Address (Give address to which	h approved copy of this form	is to be sent)	
Name of Authorized Transporter of	Caringhaud Cas .				
Gas Company of New		1			
f well produces oil or liquids,		Post Office Box 1	899 Bloomfield	1, NM 87413	
ve location of tanks.	1 Sec. 11wp.	Rge. Is gas actually connected?	When ?		
this production is commingled with	h that from any other lease or pool, give comm	minaling order overhead			
V. COMPLETION DATA	, see that of pool, give conti	minging order number:			
Designate T. C. 1	Oil Well Gas We	II New Well Workover	Deepen Plug Back San	D. J. Britan	
Designate Type of Comple	tion - (X)	I I I I I I I I I I	Deepen Plug Back San	ne Res'v Diff Res'v	
ale Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
			1.0.1.0.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
erforations					
			Depth Casing Sho	oe .	
<u> </u>	Timing 6				
HOLE SIZE	TUBING, CASING AN	ND CEMENTING RECORD			
HOLL SIZE	CASING & TUBING SIZE	DEPTH SET	SACH	(S CEMENT	
<u> </u>					
TEST DATA AND REQU	JEST FOR ALLOWABLE				
L WELL (Test must be aft	der recovery of total volume of load oil and m	ust be equal to or exceed ton allowable	le for this death on he for 6.1	724	
te First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, 8		1 24 hours.)	
		, , , , , , , ,	gas lift, et D	CIACIII	
gth of Test	Tubing Pressure	Casing Pressure	Thike Size	113	
				APR1 2 1993	
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	2 1555	
				N. DIV	
AS WELL				ST. 3	
ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conden		
		,	Startly of College	parc	
ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
OPERATOR CERTIFI	CATE OF COMPLIANCE				
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				CION	
true and complete to the best of m	y knowledge and belief.	Data Annual I	APR 1 2 1993		
() CIA		Date Approved			
1 sonald C Rus	ne				
Donald E. Spe	ango Vice D	By	M.) Through		
inted Name 9	Tide	SUP	PERVISOR DISTRIC	CT #3	
Aran 1, 199	3 214/701-8377	Title		_	
le	Telephone No.				
	•	1.1			

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.