Submit 5 Copies
Appropriate District Office
DISTRICT I
O. Box 1980, Hobbs, NM 88240

) | STRICT II 'O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy,nerals and Natural Resources Department

Form C-104
RECEVED Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 23 '90

| XXX Rio Brazos Rd., Aztec, NM 87410 | REQUEST FO | OR ALLOWAR | BLE AND AUTHORIZ | ATION S | ARTESIA, OFFI | CE | | |
|---|---|---------------------------------------|-----------------------------------|---------------------------|-------------------|---|--|--|
|)perator | TO TRANSPORT OIL AND NATURAL GA | | | | | Well API No. | | |
| Merit Energy Company 🗸 | | | | | 30-005- 60672 | | | |
| ddress | | | | | | | | |
| 12221 Merit Drive, Sui cason(s) for Filing (Check proper box) lew Well .ccompletion | | las, TX 75 n Transporter of: Dry Gas | 251 Other (Please expla | in) | | | | |
| hange in Operator | Casinghead Gas | Condensate | | | | | | |
| change of operator give name d address of previous operator MCC | ellan Oil Co | rporation, | 850 United Bank F | Plaza,Dra | wer 730, | Roswell, NM 88 | | |
| . DESCRIPTION OF WELL | | | | | note: | | | |
| case Name | Well No. | l | | Kind of State (F | ederal or Fee | Lease No. NM-11596 | | |
| PJ Federal | | Pecos Slo | ppe Abo, South | | | 111111111111111111111111111111111111111 | | |
| Unit Letter | _:1980 | _ Feet From The _ | South Line and 1980 |) [.] F∞ | t From The | FastLine | | |
| Section 6 Townshi | 9S | Range 26E | , NMPM, | Ch | naves | County | | |
| | | | UDAT CAC | | | | | |
| II. DESIGNATION OF TRAN | ISPORTER OF C | | Address (Give address to wh | hich approved | copy of this form | is to be sent) | | |
| me of Authorized Transporter of Oil or Condensate | | | P. O. Box 2436 | , Abilen | e, TX 790 | 604 | | |
| Pride Pipeline Name of Authorized Transporter of Casin | ghead Gas | or Dry Gas XX | Address (Give address to wh | hich approved (| copy of this form | is to be sent) | | |
| Transwestern Pipeline | | | P. 0. Box 1188, | | | <u>51-1188</u> | | |
| f well produces oil or liquids, | Unit S∞. | Twp. Rge | | When ' | 7 /1980 | | | |
| ve location of tanks. | Gran and other lasts | r pool give commin | Yes | | | | | |
| this production is commingled with that V. COMPLETION DATA | from any other lease o | i pooi, give continui | P 0.000 Barringon, | | | | | |
| | Oil We | ell Gas Well | New Well Workover | Deepen | Plug Back Sar | ne Res'v Diff Res'v | | |
| Designate Type of Completion | - (X) | i | Tanal Death | <u>l</u> | DDTD | | | |
| Tale Spudded | Date Compl. Ready | to Prod. | Total Depth | | P.B.T.D. | | | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | Top Oil/Gas Pay | | Tubing Depth | | |
| erforations | | | | | Depth Casing Si | hoe | | |
| | | | | | | | | |
| | TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| HOLE SIZE | CASING & | TUBING SIZE | DEPTH SET | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR ALLOV | VABLE | ust be equal to or exceed top all | lowable for this | s depth or be for | full 24 hours.) | | |
| | Date of Test | ne of load oil and mi | Producing Method (Flow, p | oump, gas lift, e | etc.) | (1 2 | | |
| Date First New Oil Run To Tank | Date of Test | | | | <u> </u> | colid ID | | |
| Length of Test | Tubing Pressure | | Casing Pressure | | Choke Size | 8-31-90 | | |
| Deligation 1991 | | | NA PUL | | Gas- MCF | 16000 | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | 7 | July Ol | | |
| | | | | | | | | |
| GAS WELL | | | Bbls. Condensate/MMCF | | Gravity of Con | densate | | |
| Actual Prod. Test - MCF/D | Length of Test | | Dolo, Concombiant Turior | | | | | |
| of the Administration has been been been been been been been bee | Tubing Pressure (S | hut-in) | Casing Pressure (Shut-in) | Casing Pressure (Shut-in) | | | | |
| Testing Method (pitot, back pr.) | | - | | | <u> </u> | | | |
| VI. OPERATOR CERTIFICATION OF CERTIFICATION | CATE OF CON | /PLIANCE | OIL CO | NSERV | ATION D | IVISION | | |
| Division have been complied with ar is true and complete to the best of m | nd that the information | given above | Date Approv | ed | AUG 3 1 | 1990 | | |
| | C_{I} | (In | | | | | | |
| Therend | Laily | Cutture. | - J | INAL SIGN | | | | |
| Sheryl J. Carruth | Prod/ | Reg. Admin. | - 11 | WILLIAM | | | | |
| Printed Name | | Title | Title SUPE | <u>rvisor. [</u> | DISTRICT II | | | |
| 8-20-90 | | 01-8377 Telephone No. | - | | | | | |
| Date | | | | | | | | |

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.