

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

AUG 23 '90

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

ARTESIA, OFFICE

Operator <u>Merit Energy Company</u>		Well API No. <u>30-005-60971</u>
Address <u>12221 Merit Drive, Suite 1040, Dallas, TX 75251</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>McClellan Oil Corporation, 850 United Bank Plaza, Drawer 730, Roswell, NM 88202</u>		

Lease Name <u>Leeman Federal</u>		Well No. <u>1</u>	Pool Name, Including Formation <u>Pecos Slope Abo, South</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>NM-13978</u>
Location					
Unit Letter <u>J</u>	: <u>1980</u>	Feet From The <u>South</u> Line and <u>1680</u>	Feet From The <u>East</u> Line		
Section <u>1</u>	Township <u>9S</u>	Range <u>25E</u>	<u>NMPM, Chaves</u>	County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<u>Pride Pipeline</u>		<u>P. O. Box 2436, Abilene, TX 79604</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<u>Transwestern Pipeline Co.</u>		<u>P. O. Box 1188, Houston, TX 77251-1188</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>Yes</u>	<u>11-3-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>noted 1 P-3</u> <u>8-31-90</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>8.43 CP</u>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature <u>Sheryl J. Carruth</u>	Prod/Reg. Admin.
Printed Name <u>8-20-90</u>	Title <u>(214) 701-8377</u>
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved <u>AUG 31 1990</u>	
By	ORIGINAL SIGNED BY <u>MIKE WILLIAMS</u>
Title	<u>SUPERVISOR, DISTRICT II</u>

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.