Submit 5 Copies Appropriate District Office DISTRICT 1		f New Mexico Natural Resources De _{r m} tent	RECEIVED Form C-104 Revised L-1-89 See Instructions a Bottom of Page ()	
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Ariesia, NM 88210	P.O	VATION DIVISION Box 2088 Mexico 87504-2088	JAN 14 '91	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOW	ABLE AND AUTHORIZATION	C. C. D. ARMESIA OFFICE	
I. Üperator		Well .	API No.	
Merit Energy Company	V	30	-005-61506	
12221 Merit Dr. Ste#11 Reason(s) for Filing (Check proper bax) New Well	Change in Transporter of:	Other (Please explain)		
Recompletion Thange in Operator	Oil Dry Gas Casinghead Gas Condensate [Effective 1-1-91	700	
If change of operator give name and address of previous operator Oryx Energy Company, P.O. Box 1861, Midland, TX 79702				
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, In	Sine	of Lease No. Federal or Fee NM022584	
Chaves A Federal	3 Pecos S	lope Abo		
Unit Letter	: <u>660</u> Feet From The	West_Line and660F	set From The North Line	
Section 21 Townshi	<u>p ZS Range 26</u>	E , NMPM, Chaves	County	
III. DESIGNATION OF TRAN Name of Authonzed Transporter of Oil None	SPORTER OF OIL AND NA	TURAL GAS Address (Give address to which approved	l copy of this form is to be sent)	
None of Authorized Transporter of Casing	ghead Gas or Dry Gas	Address (Give address to which approved	l copy of this form is to be sent)	
Transwestern Pipeline If well produces oil or liquids,	Co	Rge. Is gas actually connected? When		
give location of tanks. If this production is commingled with that	from any other lease or pool, give comm		-27-83	
IV. COMPLETION DATA	Oil Weil Gas We	II New Well Workover Deepen	Plug Back Same Res'v Diff Res'v	
Designate Type of Completion	- (X)	Total Depth	P.B.T D.	
Date Spudded	Date Compi. Ready to Prod.			
Elevauons (DF, RKB, RT, GR, alc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deput	
Performinas			Depth Casing Shoe	
	TUBING, CASING A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			1-18-91	
			cho op	
V. TEST DATA AND REQUE				
OIL WELL (Test must be after) Date Firm New Oil Run To Tank	recovery of total volume of load oil and Date of Test	musi be equal to or exceed top allowable for th Producing Method (Flow, pump, gas lift,		
		• • • • • • • •		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbia.	Gaa- MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Tosung Method (puor, back pr.)	Tubing Pressure (Shui-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.		OIL CONSERV Date Approved	OIL CONSERVATION DIVISION Date Approved JAN 1 8 1991	
1 Sansanta	Count			
Spensure Sheryl J. Carruth Prod./Reg. Administrator Trule		- MIKE WILLIA	By ORIGINAL SIGNED BY MIKE WILLIAMS	
Printed Name Title 1-1-91 (214) 701-8377 Dute Telephone No.				

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 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.