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

State of New Mexico erals and Natural Resources Department Energy,

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe New Mexico 87504-2088

AUG 23 '90

DISTRICT II 1.O. Drawer DD, Artesia, NM 88210

DISTRICT III	S	aina re,	14¢M IATO	, ALCO 0750	7-2000					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F			N E AND A	UTHORIZ	ATION	<b>(</b> ) :	ີ ວ.		
,					URAL GA			, OFFICE		
l.	10 18	ANSPC	INT OIL	אווט ואאו	OT IAL GA	Well A		, 011765		1
Operator										
Merit Energy Company	y Company 🗸				30-005- 61551					4
Address										
12221 Merit Drive, Su	lite 1040. Da	llas.	TX 752	251				· · · · · · · · · · · · · · · · · · ·		4
Reason(s) for Filing (Check proper box)				Othe	r (Please explai	n)				-
New Well	Change	in Transpor	ter of:							1
Recompletion	Oil [	Dry Gas	. $\square$							
Change in Operator	Casinghead Gas	Condens	sate					. •		
			. ,	252 11 :1	J. D. J. D		72	0 00000	11. NM	
and address of previous operator MC	Clellan Oil C	orpora	t.10n,	350 Unit	ed Bank F	riaza,ur	awer_73	O, Roswe	1119 1111	٠٥٤٥،
II. DESCRIPTION OF WELL	ANDIRACE						. 1	est.		
Lease Name	Well No	Well No. Pool Name, Including			ng Formation Kind			of Lease Do		٦
7	2	1			+h	State,	Federal or Fe	L-24	6/1	
Tolmac State		Pec	OS. 510	pe Abo,S	шш			<del></del>	V <del>.T</del>	7
Location	000				1.00	۰		lla o+	• •	
Unit Letter N	:990	Feet Fro	om The 🗀	OUTIL Line	and198	U Fo	et From The	West	Line	
36 m	9S		25E			Chave	ς		Camatas	
Section Towns	hip JJ	Range	LUL	, NI	ирм,	Onave	<del></del>		County	لـ
III. DESIGNATION OF TRA			<u>D NATU</u>	RAL GAS	<del></del>	<del></del>	6.00			٦
Name of Authorized Transporter of Oil	or Cond	iensate	Γ <b>Χ</b> Π	1	e address to wh			!	nıj	
Pride Pipeline					Box 2436.			79604		_
Name of Authorized Transporter of Cas	inghead Gas	or Dry	Gas [XX]	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Transwestern Pipelin				P. O. B	ox 1188.	Houstor	1. TX 7	7251-118	38	
If well produces oil or liquids,	Unit Sec.	Twp.	Rgc.	Is gas actuall		When				
give location of tanks.	1		i	Yes	•	İ	8-9-82			
If this production is commingled with th	et from entrother lesse.	or root giv	e comming		er:		<del></del>			_
IV. COMPLETION DATA	at from any other lease v	or poor, grv	c community	ing order bank						_
IV. COMPLETION DATA	louv		Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	٦
Designate Type of Completion	on - (X)	en i c	as well	1 Mem Mell	i workover	Docpea	i mag back	I	1	
				Total Depth	L		P.B.T.D.	J	_1	-
Date Spudded	Date Compl. Ready	to Proa.		Total Depth			F.B.1.D.			1
				7	D		<del> </del>			-
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
							Depth Casing Shoe			4
Perforations							Depth Cash	ng Snoe		
							<u> </u>			4
	TUBING	G, CASIN	NG AND	CEMENTI	NG RECOR	D				_
HOLE SIZE	CASING &				DEPTH SET		SACKS CEMENT			_
11000 0120										
				<u> </u>						7
·							T			7
d moon party and prou	ECT FOR ALLOY	MADI E		<u> </u>						
V. TEST DATA AND REQU	EST FOR ALLO	MADLE	4 4		aread ton alle	wahle for thi	s denth or he	for full 24 hou	ers.)	
	r recovery of total volum	ne oj loga c	ou ana mus	Deschiolog M	ethod (Flow, pu	mn oge lift	esc.)	Joi Jan. 27 110-		٦
Date First New Oil Run To Tank	Date of Test			Producing M	eulod ( <i>riow, pa</i>	πφ, χως τητ, τ		- 5	1 1+3	
				<u> </u>			Choke Size	1000	W.	45-2
Length of Test	Tubing Pressure			Casing Pressure			Choke Size 8.31-90			)
1										_
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	•		Gas- MCF	J. Ma	0/0	
·								C st c y		
				_l						
GAS WELL				150 C - 1	AA1775		Gravity of	Condensate		7
Actual Prod. Test - MCF/D	Length of Test			Bols. Conde	isate/MMCF		Glavity G	Conocusate		
							Choke Size			_
Testing Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			3		
	1			1						]
THE COURT AMON CENTRE	CATE OF COX	ADI TAN	ICE	7						
VI. OPERATOR CERTIF			NCE		OIL CON	1SERV	ATION	DIVISIO	NC	
I hereby certify that the rules and re	gulations of the Oil Con	servation	_		•,					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
is true and complete to the best of r	Date	Approve	d	aug_	AUG 3 1 1990					
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Signature				Dy -		WILLIAM		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
<u>Sheryl J. Carruth</u>	> Prod/	RegAc	min.		(1) ( TW)	•		T 10		
Print∞d Name	4	Title	_	Title	JOPE	.11 413C36,	DISTRIC	1 17		

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

8-20-90 Date

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.

(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.