Submit 5 Copies
Appropriate District Office
DISTRICT 1
LO. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Linerals and Natural Resources Department Form C-104
Sevised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

AUG 23 '90

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

DISTRICT II 2.0. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

	REQUEST F TO TR	ANSPO	RT OIL	AND NAT	URAL GA	.S	ARTESIA,	DEFICE		
perator					Well API No. 30-005-					
Merit Energy Company						1 30-	005-			
Address 1221 Merit Drive, Sl Reason(s) for Filing (Check proper box)	<u>iite 1040, Da</u>	llas, I	X 752	751 Othe	т (Please expla	in)				
view Well	- T	in Transport	er of:							
Recompletion	Oil Casinghead Gas	☐ Dry Gas ☐ Condens	ate \Box				e			
change of operator give name	Clellan Oil C			OFO Unit	nd Rank I	Olaza Dr	awer 730	Roswe	<u>11. NM 8</u> 8	
•		orporal		22/	zu. Dank_J	1070 9171	¥.	·	,	
I. DESCRIPTION OF WELI	L AND LEASE Well No	Pool Nar	ne Includit	ng Formation		Kind o	Lease	Le Le	ase No.	
Lease Name Leeman Federal	5	5 Pecos			ope Abo, South State			Federation Fee NM-13978		
Unit LetterK	:1525	Feet From	m The	South Line	and	Fe	et From The _	lest	Line	
Section 1 Towns	hip 9S	Range	25E	, Ni	MPM, Un	aves			County	
II. DESIGNATION OF TRA	NSPORTER OF	OIL AND	NATU	RAL GAS			-Callin Co	i- t- h- a-		
Name of Authorized Transporter of Oil	or Conc		\mathbf{X}	Address (Giv	e address to wh Box 2436				/u/	
Pride Pipeline Name of Authorized Transporter of Cas	inghead Gas	or Dry C	Gas [XX]	Address (Giv	e address to wh	hich approved	copy of this fo	m is to be se	nt)	
Transwestern Pipelin		0. 2.,		P. O. B	ox 1188.					
If well produces oil or liquids,	Unit Sec.				Is gas actually connected? When			8-3-89		
ive location of tanks.				Yes	her .		0-3-0	<u>, </u>		
this production is commingled with the V. COMPLETION DATA	at from any other lease	or pool, give	: COMMINING	ing order name						
Designate Type of Completio	on - (X)	ell G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	ompl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
l'erforations							Depth Casing	Shoe		
		, <u>, , , , , , , , , , , , , , , , , , </u>		·						
			CASING AND CEMENTING RECORD BING SIZE DEPTH SET			KD	SACKS CEMENT			
HOLE SIZE	CASING &	CASING & TUBING SIZE			DEF III GEV					
			 -							
V. TEST DATA AND REQU	EST FOR ALLO	WABLE		<u></u>			<u></u>			
OIL WELL (Test must be after	er recovery of total volu	me of load o	il and mus	t be equal to o	r exceed top all	lowable for th	is depth or be j	or full 24 how	urs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gus 141, etc.)					
1 that Tark	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size Posted ID - 8-31-90		
Length of Test	luoing Fressure	lubing Pressure						Gas-MCF Young OP		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Cas- ITICI (July 0)		
GAS WELL							Commen of	ondenes's		
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
	Shut-in)	nut-in)		Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			-							
VI. OPERATOR CERTIF	ICATE OF COI	MPLIAN nservation	ICE		OIL CO	NSERV	ATION	DIVISIO	NC	
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.				Dat	e Approv	ed	AUG 3 1 1990			
(,	· ·		.		, .					
Mussail freedly					By ORIGINAL SIGNED B					
Sheryl J. Carruth Prod/Reg. Admin.					MIKE WILLIAMS SUPERVISOR, DISTRICT II					
Printed Name	(214) 7	Tide 01-8377	7	Title	9		-10111101			
8-20-90 Date		Telephone N	√o.							

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.

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RECORD .

AUG 2 1 1990

CCD Hobbs office