

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator
Merit Energy Company ✓

Well API No.
30-005- 62676

Address
12221 Merit Drive, Suite 1040, Dallas, TX 75251

Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator
McClellan Oil Corporation, 850 United Bank Plaza, Drawer 730, Roswell, NM 88202

I. DESCRIPTION OF WELL AND LEASE

Lease Name
MM Federal Com

Well No.
10

Pool Name, Including Formation
Pecos Slope Abo, South

Kind of Lease
State, Federal or Fee

Lease No.
NM-0559993

Location
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line
Section 35 Township 9S Range 25E, NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Pride Pipeline

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2436, Abilene, TX 79604

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Transwestern Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1188, Houston, TX 77251-1188

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?
Yes

When?
12-5-89

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

IV. COMPLETION DATA

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
posted ID-3
8-31-90

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas- MCF
chg OP

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
Sheryl J. Carruth

Prod/Reg. Admin.

Printed Name
8-20-90

Date
8-20-90

(214) 701-8377

Telephone No.

OIL CONSERVATION DIVISION

Date Approved
AUG 31 1990

By
ORIGINAL SIGNED BY
MIKE WILLIAMS

Title
SUPERVISOR, DISTRICT II

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.