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DISTRICT I  
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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

REC-7 1992

O.C.D.  
STAMP OFFICE

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

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

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

Operator <b>MERIT ENERGY COMPANY</b>		Well API No. <b>30-005-62916</b>
Address <b>12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>PENJACK Federal</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>PECOS SLOPE ABO, SOUTH</b>	Kind of Lease <b>State</b>	Lease No. <b>NM 8431</b>
Location				
Unit Letter <b>G</b>	<b>2310</b>	Feet From The <b>NORTH</b>	Line and <b>2310</b>	Feet From The <b>EAST</b>
Section <b>6</b>	Township <b>10S</b>	Range <b>26E</b>	NMPM, <b>CHAVES</b>	County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>PRIDE PIPELINE</b>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 2436, ABILENE, TEXAS 79604</b>				
Name of Authorized Transporter of Casinghead Gas <b>TRANSWESTERN PIPELINE CO</b>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1188 HOUSTON, TEXAS 77251-1188</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>YES</b>	When? <b>11-16-92</b>

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
		<b>X</b>	<b>X</b>					
Date Spudded <b>10-21-92</b>	Date Compl. Ready to Prod. <b>11-16-92</b>		Total Depth <b>4600</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>3754.9 gr</b>	Name of Producing Formation <b>abo</b>		Top Oil/Gas Pay <b>4400'</b>		Tubing Depth <b>4350</b>			
Perforations <b>4400-4420 &amp; 4504-4508</b>					Depth Casing Shoe			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8 5/8</b>	<b>900</b>	<b>450 SX CLASS C</b>
<b>7 7/8</b>	<b>4 1/2</b>	<b>4600</b>	<b>305 SX CLASS C</b>
<b>7 7/8</b>	<b>2 3/8</b>	<b>4350</b>	

### 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.)	
			<b>Part ID-2</b>
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <b>5-21-93</b>
			<b>comp + BR</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D <b>334</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>NA</b>
Testing Method (pilot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure (Shut-in) <b>930</b>	Casing Pressure (Shut-in) <b>930</b>	Choke Size <b>VARIOUS</b>

### 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. CARROTH** REGULATORY MANAGER  
Printed Name  
**12-02-92** Title  
**(214) 701-8377**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **MAY 14 1993**

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.

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