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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>	10	IHAN	1570	HIOIL	AND NA	I UNAL GA	Nell A	API No.			
Operator						30-025-26460					
Merit Energy Company						[30-023-20400					
Address		n 11.	. П	w 750	51						
12221 Merit Drive, Si	uite 500,	Dalla	s, 1	<u>X 752</u>	Oth Oth	er (Please expl	ain)				
Reason(s) for Filing (Check proper box)	Ch.	in T	m a raced	ter of:		or (1 sease capa	,				
New Well		ange in Ti X D	-	[]							
Recompletion	Oil	= -	ry Gas								
Change in Operator	Casinghead Ga	ıs U C	ondens	ate							
f change of operator give name und address of previous operator											
•		•									
II. DESCRIPTION OF WELL		5 11 No. D	Nl	Includi	na Formation		Kind	of Lease	L.	ase No.	
Lease Name Susco State Well No. Pool Name, Includ Flying 1								Federal or Fed	: NM6	3219	
			.								
Location G	. 2120			- N	lorth Lin	184	40 =	et From The	East	Line	
Unit LetterG	::	F	eel Pro	m ine	L10	e and		et i iom inc			
Section 19 Towns	hip 9S	R	lange	33E	, N	МРМ,	Lea			County	
Section 19 Towns	<u> </u>		Carrie C								
III. DESIGNATION OF TRA	NSPORTER (OF OIL	AND	NATU:	RAL GAS						
Name of Authorized Transporter of Oil	0.5	Condensa			Address (Gir	e address to w	hich approved	copy of this fo	orm is to be se	nı)	
Scurlock-Permian	☆		Ĺ								
Name of Authorized Transporter of Casi	nghead Gas	χ	r Dry C	Gas	Address (Gi	e address 10 w	hich approved	copy of this f	orm is 10 be se	nt)	
Warren Petroleum Com		· ·									
If well produces oil or liquids,	Unit Sec. Twp. Rge.										
give location of tanks.	1 I 1 1	9	<u>9s</u>	33E	ye	S	11	1-24-79			
f this production is commingled with tha	it from any other le	ase or po	ol, give	commingl	ing order num	ber:	.,				
V. COMPLETION DATA							-,	,			
		il Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					7.15.4	l	<u> </u>	<u></u>	<u> </u>	<u> </u>	
Date Spudded	Date Compl. R	eady to P	rod.		Total Depth			P.B.T.D.			
					Tan Oil/Can Day			Tables Deet			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					<u> </u>			Depth Casin	g Shoe		
Perforations								Depair Casii	ig ones		
				- LA ID	CEMENT	NC DECOR	<u> </u>	<u> </u>	- · - · · · · · · · · · · · · · · · · ·		
	TUBING, CASING AND								SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			ONONO OCIMENT			
								1			
								-			
V. TEST DATA AND REQUE	EST FOR ALL	OWAI	RLF.		J						
OIL WELL (Test must be after	ST FOR ALI	valume of	Lload o	il and must	be equal to o	exceed top all	owable for the	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	TOTAL OF	1000		Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
Date First New Oil Rull 10 Table	Date of Tes										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
wander or same											
tual Prod. During Test Oil - Bbls.					Water - Bbls	•		Gas- MCF			
, total 2 and 3											
					<u> </u>						
GAS WELL	- TT				Rhie Conde	sate/MMCF		Gravity of C	Condensate		
Actual Prod. Test - MCF/D	Length of Test	Length of Test				Bota. Collection and Paris			-		
That I have been selected in				Casing Pressure (Shut-in)			Choke Size				
esting Method (piuot, back pr.) Tubing Pressure (Shut-in)											
					-\						
VI. OPERATOR CERTIFI	CATE OF C	OMPL	JIAN	CE			JOERV	ΔΤΙΟΝ	DIVISIO	N	
I hereby certify that the rules and reg	gulations of the Oil	Conserva	tion		1		40LIIV				
Division have been complied with an	nd that the informati	tion given	above					OCT	12 199	3	
is true and complete to the best of m	y knowledge and b	elief.			Date	Approve	ed			-	
<i>r</i> -	Λ.	*				, ,					
Cherry Co	CUSIC	El.	-		∥ By_	^	IGINAL CI	SNED BY J	EDDY CEYT	ON	
Signature Sheryl J. Carruth Regulatory Manager					"	_		ICT I SUFE		J 14	
	regulator		lager Title	<u> </u>	T:41.			ICI I SUPE			
Printed Name 10-6-93	(214) 70	01-837	77		Title						
Date			hone N	0.							
_a					11						

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.