

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  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Merit Energy Company		Well API No. 30-025-24473
Address 122251 Merit Drive, Suite 500, Dallas, TX 75251		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Remove RBP and commingle Strawn with existing Wolfcamp zone. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <i>Long 30 days</i>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hilburn	Well No. 1	Pool Name, Including Formation North Sheebar Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>16S</u> Range <u>35E</u> , <u>NMPM</u> , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> J L Davis Co	Address (Give address to which approved copy of this form is to be sent) 211 North Colorado, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>13</u>	Twp. <u>16S</u>	Rge. <u>35E</u>	Is gas actually connected? Yes	When? <u>12-31-91</u>
If this production is commingled with that from any other lease or pool, give commingling order number.						Unknown

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Drift Res v
Date Spudded 1-11-93	Date Compl. Ready to Prod. 1-15-93		Total Depth 12015		P.B.T.D. 11620			
Elevations (DF, RKB, RT, GR, etc.) 3967 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11289		Tubing Depth 11600			
Perforations 11289-11356					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8	48	448	450 sx CL H
8 5/8	36	4798	400 Lt & 200 C
5 1/2	17 & 20	12014	900 sx

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 1-18-93	Date of Test 2-5-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 15	Gas - MCF 394

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, 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.

*Sheryl J. Carruth*  
Signature  
Sheryl J. Carruth Regulatory Manager  
2-11-93  
Date  
(214) 701-8377  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 18 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

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.

03/07/2014  
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03/07/2014