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

I.	Ţ	OTRA	NSP	ORT OIL	AND NA	TURAL	. GAS					
Operator MERIT ENERGY COMPANY							Well API No. 30-025-28715					
Address 12221 MERIT DRIVE, STE 500, DALLAS, TEXAS 75851												
Reason(s) for Filing (Check proper box)  Other (Please explain)												
New Well		Change in	-		_	e e e e	III -	r 11	/1 /02			
Recompletion  Change in Operator XX	Oil Casinghead	Gas 🗌	Dry Ga Conden		<u> </u>	FFECTA	V.E. DAL	<u>E 11/</u>	1/92			
If change of operator give name and address of previous operator	O INC,	10 DES	STA I	R. STE	100W,	MIDLAN	D, TEX	AS 7	9705	• • • • • • • • • • • • • • • • • • • •		
II. DESCRIPTION OF WELL AND LEASE												
Lease Name LISTER	Well No. Pool Name, Include			ame, Includi TH SHOE					Kind of Lease  Lease No.  State, Federal or Fee			
Location B	660	)		N	ORTH		1020	<u> </u>		EAST	· · · · · · · · · · · · · · · · · · ·	
Unit Letter	- :		Feet Fr	om The	Li	e and	1830	Fe	et From The	PVOI	Line	
Section 13 Township	, 16	<u> </u>	Range	35	<u> </u>	MPM,	LEA				County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil XX or Condensate  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 XX or Dry Gas						Address (Give address to which approved copy of this form is to be gent) 1						
well produces oil or liquids,   Unit		Sec. 1700.		35ERge.	Is gas actually connected?		When ?					
If this production is commingled with that i	from any other	r lease or p	pool, giv	e commingli	ing order nun	ber:	TB- <i>Z</i> +	7		·····		
IV. COMPLETION DATA		(20.00.0			C	1				1		
Designate Type of Completion	- (X)	Oil Well	1 6	Sas Well (	New Well	Workove	er   De	epen   	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.)	rations (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 REQUES	T FOR AL	LOWA	BLE			·						
OIL WELL (Test must be after re										or full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow	, p <b>ump</b> , ga	is lift, et	c.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	ll Prod. During Test Oil - Bbls.					Water - Bbis.				Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D	Langth of T-				Dhie Cond	mate A A I C			Graviny of C	ondensate		
Actual Prod. Test - MCP/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICA	ATE OF (	COMPI	LIAN	CE		N 00		D\	TION		.N.I	
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.					OIL CONSERVATION DIVISION						N .	
					Date Approved				NOV 1 0 '92			
						, ,pp10						
Signature						By ORIGINAL SIGNED BY JERRY SEXTON						
Sheryl J. Carruth Regulatory Manager Printed Name					DISTRICT I SUPERVISOR Title							
<u>11/4/92</u> (214) 701-8 <i>3</i> 77												
Date		Telep	none No	).	<u> </u>							

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.

