Subriut 5 Copies
Appropriate District Office
PISTRICT 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>[</u>	T	O TRAN	SPORT OIL	AND NA	TURAL GA	S				
Merit Energy Company Well API No. 30-025-/142/										
Address 12221 Merit Drive,	Suite 1	1040, Da	llas, TX	75251		· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of:										
Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas EFFECTIVE -12/1/91 1/1/92 Casinghead Gas Condensate									
If change of operator give name Bridge Oil Company, L. P., 12404 Park Central Dr., Ste 400, Dallas, TX 75251 and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease									ease No.	
Humphrey Queen Unit		3 I	anglie Ma	ttix 7 Rivers Queen State, F			Federal or Fed			
Unit Letter : 330 Feet From The Line and 2310 Feet From The U Line										
Section 3 Township	25 S	Ra	inge 37E	, N	МРМ,	L	ea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil Shell Pipeline	The state of the s								ent)	
Name of Authorized Transporter of Casinghead Gas					P. O. Box 2648, Houston, TX 77252 Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon If well produces oil or liquids,	ardson Carbon & Gasoline Co.						0, Ft. Worth, TX 76102			
give location of tanks.	of tanks. F + K 3 258 37E					When U	NKNOI	NN		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA										
Designate Type of Completion		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.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe					
TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				1				·		
V. TEST DATA AND REQUEST FOR ALLOWABLE										
OIL WELL (Test must be after recovery of total volume of load oil and must to Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL							<u> </u>			
Actual Prod. Test - MCF/D	Length of T	Cest	. •	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC						CEDV	ATION!	D. #6:-		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedJAN 17 '92						
Che Of Manel				Urig. Signed by						
Signature Signature Vice Provident				By Paul Kautz Geologist						
Title Printed Name Executive Vice President Title										
1/15/92 214/701-8377 Date Talaphore No.					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.

RECEIVED

JAN 16 1992

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