Subrut 5 Copies Appropriate District Office 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 O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

63085

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Merit Energy Company 30-02 Address 12221 Merit Drive, Suite 1040, Dallas, TX 75251 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: EFFECTIVE $-\frac{12}{4}\frac{4}{91}$ 1/1/92 Recompletion Oil Dry Gas \Box X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Bridge Oil Company, L. P., 12404 Park Central Dr., Ste 400, Dallas, TX 75251 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation | Kind of Lease | Langlie Mattix 7 Rivers Queen | State, Federal or Fee Lease No. Lease Name Humphrey Queen Unit 25 032592 Location 990 990 Feet From The Unit Letter Feet From The 25S 37E Township Range NMPM Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate \mathbf{X} Shell Pipeline P. O. Box 2648, Houston, TX 77252 harne of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) \square Sid Richardson Carbon & Gasoline 201 Main St., Suite 3000, Ft. Worth, TX 76102 When? UNKNOWN Rge. Is gas actually connected? If well produces oil or liquids, Unit Twp. give location of tanks. F+K1 25S Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE **CASING & TUBING SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Water - Bbls Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 17 92 is true and complete to the best of my knowledge and belief. Date Approved _ Orig. Signed by Signature Joe A. Marek Paul Kauta Executive Vice President

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

1/15/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

Geologist

RECORD ONLY MAY 201993

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 214/701-8377

Telephone No.

- 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.

APR 2 5 1993