Subrat 5 Copies Appropriate Listinct 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

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, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Merit Energy Company							Well API No. 30-025-11446			
Address		1040 D	allac TV	75251			<u>0-0</u>	<u>۱٬ س</u>	. 76	
Reason(s) for Filing (Check proper box)	suite .	1040, D	arras, IX		- /Bl ·	· · · · · · · · · · · · · · · · · · ·				
New Well		Change in T	ransporter of:	U Othe	t (Please expla	in)				
Recompletion	Oil	_	ory Gas	EFF	ECTIVE -1	2/1/91	1/1/92			
Change in Operator	Casinghead	Gas 🔲 C	Condensate		· · · · · · · · · · · · · · · · · · ·					
If change of operator give name and address of previous operator Bridge	e Oil C	ompany,	L. P., 12	404 Parl	Central	Dr., S	te 400,	Dallas,	TX 75251	
II. DESCRIPTION OF WELL	AND LEA	SE							_	
Lease Name		Well No. P	ool Name, includir	ng Formation		Kind c	of Lease	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ease No.	
Humphrey Queen Unit	t	7	Langlie Ma	ttix 7 F	Rivers Qu	ieen State,	Federal or Fee			
Unit Letter	: 165	50F	feet From The	✓ Line	and 3	30 _F	et From The	_£	Line	
Section 4 Township	, 25S	P	lange 37E	, NI	ирм,	L	ea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII	. AND NATTII	RAI. GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Shell Pipeline					P. O. Box 2648, Houston, TX 77252					
Name of Authorized Transporter of Casinghead Gas Or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon If well produces oil or liquids.					201 Main St., Suite 300			00, Ft. Worth, TX 76102		
give location of tanks.	Unit F+K		25S 37E	Is gas actually connected? When Yes			"UNKNOWN			
If this production is commingled with that f IV. COMPLETION DATA	from any othe	er lease or po	ol, give comminging	ing order numi	er:	•				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.	l	1	
llevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			This D			
				•			Tubing Depth			
Perforations		<u>-</u>					Depth Casin	g Shoe		
	· · · · · ·	LIBING C	CASING AND	CELCENTE	VC RECOR	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
	OXONA A TODING GIZZ			DEFIN SET			SACKS CEMENT			
V. TEST DATA AND REQUES										
OIL WELL (Test must be after red Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)									
Daw Line 14th Off Rull 10 120K	Date of Tes	ī.		r roducing M	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	<u>.</u>		Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>			<u> </u>	 					
Actual Prod. Test - MCF/D	Length of	Cest .		Bhis Conder	Sale MMCE		Genuine of			
				Bbls. Condensate MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE				<u>: </u>	·		
I hereby certify that the rules and regul	ations of the	Oil Conserva	ition		DIL COV	ISERV.	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				181 4 7 100						
a mi				Date	Date ApprovedJAN 1 7 '92					
Cla () March					Orig. Signed by					
Signature Fragutive Vice President					By Paul Kautz					
Joe X. Marek Executive Vice President Printed Name Title				Geologist Title						
<u>1/15/92</u> 214/701-8377 -										
Date				11						
		Telep	hone No.							

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.