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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

I.

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					7 10 117 (1	. 0		Wall A	UI No				
Merit Energy Compan	Well API No. 30-025-11517												
Address 12221 Merit Drive,	Suite 1	1040, [)all:	as, TX	75251								
Reason(s) for Filing (Check proper box)					Othe	r (Please expid	aur.)						
New Well	Change in Transporter of:												
Recompletion	Oil Dry Gas EFFECTIVE $-\frac{12}{1/91}$ $\frac{1}{1/92}$												
Change in Operator	Casinghead	_	Conde								İ		
ond address of previous operator Bridge	e Oil C	ompany	, L.	P., 12	404 Park	(Centra)	l Dr	., S	te 400,	Dallas,	TX 75251		
II. DESCRIPTION OF WELL A													
Langlie Mattix Queen Unit 6 Langlie Mattix 7 Rivers Queen State, Federal of Fee Lease No.													
Unit Letter	. 19	80	Feet Fr	mm The	E	and 66	· ·			<			
Section /O Township	250			775				_		~	Line		
1000			Range			ирм,		را	ea		County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil													
Shell Pipeline	P.					P. O. Box 2648, Houston, TX 77252							
value of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which appropried come of this form is to be easily											nı)		
	Richardson Carbon & Gasoline Co.				201 Main St., Suite 300				0, Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rge. Is gas.				gas actually connected? When Yes							
If this production is commingled with that it IV. COMPLETION DATA	rom any othe	er lease or p					l			<i>F1</i>			
	an.	Oil Well	<u> </u>	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'y		
Designate Type of Completion Date Spudded	- (X) Date Comp	Ready to	Prod		Total Depth	İ	<u>i</u>			1	1		
<u> </u>			1104		Total Deput				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe							
		TIRING	CASI	NG AND	CEMENTO	NG RECOR	<u> </u>						
HOLE SIZE		SING & TU			CLIVILIATI	DEPTH SET			T	SACKO OTL			
									SACKS CEMENT				
	ļ												
					i	 							
V. TEST DATA AND REQUES					<u> </u>				<u> </u>				
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of to	tal volume o	of load	oil and musi	be equal to or	exceed top ail	owable	for this	s depth or be	for full 24 hou	rs.)		
Date First New Oil King 10 120K	Date of Tes	at .			Producing Me	ethod (Flow, p.	штр, да	is lýt, e	ic.)	· · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF				
GAS WELL	!				!								
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	СОМР	LIA	NCE					!		<u></u>		
I hereby certify that the rules and regulations of the Oil Conservation					(DIL COI	NSE	RV	ATION	DIVISIO	NC		
Division have been complied with and that the information given above						JAN 2 2'92							
is true and complete to the best of my knowledge and belief.					Date Approved								
Ca. a Maril													
Signature /					By ORIGINAL SIGNED BY FIRST CONTON								
Joe K. Marek Executive Vice President Printed Name Title					Title								
1/15/92 Date							FOR RECORD ONLY. May 1 Pro-						
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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.

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