Subriut 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

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, Artena, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRANS	PORT OIL	AND NAT	URAL GA	S				
perator			Well AF	No.						
Merit Energy Compan	<del>y</del>							<del></del>		
12221 Merit Drive,	Suite 10	040, Dal	las, TX 7	5251						
eason(s) for Filing (Check proper box)				Other	(Please explai	n)				
ew Well	Oil	hange in Tran		EFF	ECTIVE-1	2/1/91 1	/1/92			
ecompletion	Casinghead (		densate			· · ·	<u>-</u> '			
change of operator give name Bridge	Oil Co	mpany, l	L. P., 124	104 Park	Central	Dr., St	e 400,	Dallas,	TX 75251	
a address or previous operator			<del></del>							
. DESCRIPTION OF WELL A			l Name, Includin	g Formation		Kind of	Lease	1	ase No.	
Langlie Mattix Queen l		4 La	anglie Ma	ttix 7 R	ivers Qu	een State, F	ederal or Fee		230 110.	
ocation A /				~						
Unit Letter/V	. : <u> </u>	O Fee	t From The	Line	and23	10 Fee	t From The _	W	Line	
Section /O Township	<b>25</b> S	Rai	nge 37E	, NN	лрм,	L	ea		County	
II. DESIGNATION OF TRAN		or Condensate		RAL GAS	address to wh	ich angemed	come of this fo	rem is to he se	mt)	
Shell Pipeline	l .	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77252								
time of Authorized Transporter of Casing	Address (Giv	ddress (Give address to which approved copy of this form is to be sent)								
Sid Richardson Carbon		line Co. Sec.   Tw			201 Main St., Suite 3000 Is gas actually connected? When					
f well produces oil or liquids, ive location of tanks.	9	1	25S   37E		es	1	5/4/	49		
this production is commingled with that	from any othe			ing order num	ber:					
V. COMPLETION DATA		1		1		1		10 0	- him i	
Designate Type of Completion	- (X)	Oil Well 	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.		
TI OF DEP OF CO	Name of B			Top Oil/Gas	Pav		Tubias Des			
Rievauons (DF, RKB, RT, GR, etc.) Name of Producing Formation				. op 0 0				Tubing Depth		
Perforations	<del></del>	<del>,</del>						Depth Casing Shoe		
		TIRING C	ASING AND	CEMENT	NG PECOI	2D	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	<del> </del>			1						
V. TEST DATA AND REQUE	ST FOR	ALLOWAI	BLE							
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		load oil and mus		r exceed top at Method (Flow, 1			e for full 24 ha	purs.)	
Date Lies New Oil und 10 19mr	Date of 16	E SAL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	IOI - Phi	Oil - Bbls.			Water - Bbls.			Gas- MCF		
William Lion During Lear	On - Bois	Oil - Bois.								
GAS WELL	i									
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing P	ressure (Shut-	ומ	Casing Pre	Casing Pressure (Shut-in) Choke Size					
tricaroa (paos, ouch pr.)			-				:			
VI. OPERATOR CERTIFI	CATE O	F COMP	LIANCE		011 00	VICE D	/ATION	LDNUC	ION	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedJAN 2 2 '92					
	رَب ،	y ,	1	∥ ∪a	re whhio/	/eu				
- for a flund					By ORIGINAL SIGNAD BY JERBY TON					
Signature  Joe A Marek Executive Vice President					DISTRICT I SUPERVISOR					
Printed Name	2	14/701-8	Title	Tit	le	<del></del>		<del></del>		
1/15/92 Date			phone No.	·    # ]	10 10 22		J i Vi 🕹	7	47 25 19	
		·		11						

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.