Substant 5 Copies
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

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

[.	T	ARTC	NSP	ORT OIL	AND NAT	URAL GA					
Operator	_						Well A		25 11	- 66	
Merit Energy Company	·							- 	25-115	> -1 -1	
Address 12221 Merit Drive, S	Suite 1	040, I	Dall	as, TX	75251						
Reason(s) for Filing (Check proper box)				_	Othe	(Please expia	in)				
New Well		hange in	•		FFF	ECTIVE 4-	2/1/91	1/1/92			
Recompletion Change in Operator X	Oil Casinghead	_	Dry G	_	<u> </u>		2/ 1/ 3 2	17 17 52			
f change of operator give name Daniel go	G				404 Park	Central	Dr., St	te 400,	Dallas,	TX 75251	
and statices of pievious operation			,			-					
II. DESCRIPTION OF WELL A			15	, , , , , , , , , , , , , , , , , , , 						No	
Lease Name Langlie Mattix Queen U		20	Lan	lame, includir iglie Ma	ttix 7 R	ivers Qu	een State, i	Lease Federal of Fed		ase No.	
Location Unit Letter	. 660)	Feet F	rom The	E Line	and 198	80 Fee	et From The	5'	Line	
Section 15 Township	/F 250 77F					_			ea <u>County</u>		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conden		UTAN UN		address to wh	ich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline P. O. Box 2648, Houston, TX 77252											
ame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					nt)	
Sid Richardson Carbon							0, Ft. Worth, TX 76102				
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp			Is gas actually connected? Yes		When	! UNKNOWN			
If this production is commingled with that f		-	25				<u> </u>				
IV. COMPLETION DATA	. 		F	,			·				
Designate Type of Completion	<u>~</u>	Oil Well	ı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		Ready to	o Prod		Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
Date Spanier	Date Compil. Ready to Prod.							r.b.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							-	Depth Casing Shoe			
	T	UBING.	. CAS	ING AND	CEMENTI	NG RECOR	D D	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	!		_		-						
	 				!						
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r.			e of loa	d oil and mus					for full 24 hou	ers.)	
Date First New Oil Run To Tank	O Tank Date of Test				Producing Method (Flow, pump, gas iift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ure	 · · ·	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	!			···		-		1			
GAS WELL Actual Prod. Test - MCF/D	11	Tast			Bble Conde	neate/A/A/CE		General	Condensate		
Actual Prod. Tell - MCP/D	Length of Test				Bbls. Condensate/MMCF			Gravity or	Gravity of Contensals		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	L NATE OF	COM	יו זסד	NCE	1			<u> </u>			
· - ·						OIL COI	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JAN 2 2 '92						
		, ,	/		Dat	e Approve	ea				
Jan a Mark					D.,	€	rajo nego sito nie				
Signature Joe A. Marek Exec	cutive '	Vice D)rec	ident	∥ By_	<u>Verbur</u>	<u>(PAL DIC</u> INET	ž ty.	<u> </u>		
Printed Name			Title	e	Title)					
1/15/92	21	4/701-				·					
Date		Te	elephon	e No.	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.