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

State of New Mexico E1....6y, 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 Rig Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l•	1	UINA	1401	OIT OIL	MIND NA	I UITAL UZ						
Operator Merit Energy Compan	v					•	V	Vell Al		5-11	109	
Address	<u> </u>						1	<u> </u>			30.7	
12221 Merit Drive,	Suite	1040, 1	Dall	las, TX 7								
Reason(s) for Filing (Check proper box) New Well		Channa in	T	ander of:	U Othe	r (Please expla	in)					
Recompletion	Change in Transporter of: Oil Dry Gas EFFECTIVE -12/1/91 1/1/92									ļ		
Change in Operator	Casinghead		•	ensate			′		<u>. </u>			
f change of operator give name Bridge and address of previous operator					404 Park	Central	Dr.	, St	e 400,	Dallas,	TX 75251	
II. DESCRIPTION OF WELL A			, _									
Langlie Mattix Queen U	Init	Well No.	Pool	Name, Includio	g Formation	Rivers Qu	ieen :	Kind of	Lease) Le	ase No.	
Location	31110	12	1 200	ingilo ina			1			<u> </u>		
Unit Letter	:_60	60	Feet	From The	<u> </u>	e and	60	Fœ	t From The _	E	Line	
Section 15 Township	. NMPM. Lo				ea County							
Section / Township	, 258	<u></u>	Rang	ge 37E	, IN	Mrm,					County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		R OF O		ND NATUI		e address to w	uch app	roved	copy of this fe	orm is to be se	nt)	
Shell Pipeline P. O. Box 2648, Houston, TX 7											,_,	
Name of Authorized Transporter of Casing	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 3000 Is gas actually connected? When							
give location of tanks.		15	•	S 37E		es		AA INCID	UNK	NOWN	/	
If this production is commingled with that i			pool,	give commings	ing order num		-	-				
IV. COMPLETION DATA S	O FLO		.) Ŋ	CAROLI	NE 00.							
Designate Type of Completion	- (X)	Oil Well	i	Gas Weil	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready t	o Prod	Ľ	Total Depth		<u>.i</u>		P.B.T.D.	1	1	
CL STOP BYO OT CO					Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Tubing Depth			
Perforations					\				Depth Casii	ng Shoe		
		TIDDIC	<u> </u>	CDIC AND	CITA CITA ITI	NG PEGOT						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				1	SACKS CEM	CNT	
HOLE SIZE	CASING & TOBING SIZE				DEF III 321				SACKS CEMENT			
					<u> </u>							
V. TEST DATA AND REQUES	ST FOR	ALLOW	ARI	.F.	!		_		<u> </u>			
OIL WELL (Test must be after t					be equal to o	r exceed top all	lowable	for this	depth or be	for full 24 hou	os.)	
Date First New Oil Run To Tank	Date of To	est	-		Producing M	fethod (Flow, p	штр, да	ıs lift, e	ic.)	·		
					Carina Parana				Choke Size			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.				Gas- MCF			
	1											
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate MMCF				Gravity of Condensate			
		Eugur Grand										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	TATEO	E COM	pr r	ANCE	<u> </u>				!		 	
I hereby certify that the rules and regu						OIL CO	NSE	RV	ATION	DIVISION	NC	
Division have been complied with and that the information given above										2 2 '92		
is true and complete to the best of my	knowledge	and belief.			Dat	e Approvi	ed _			- ~ ~ 52		
		1				11 - *						
Signature & Marele					By ORIGINAL SIGNED BY JETRY STATON							
Joe A. Marek Executive Vice President							DISTRI	CT I	SUPERIORS	DR		
Printed Name 1/15/92	21	14/701-	Tit 837-			ee						
Date				ne No.	FOR	RECC	RD	0	NLY	VDD	30 1993	
			-			,				HPW.	TUDI II r	

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.

RECEIVED

APR 28 1993

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