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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 I-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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	Τ(O TRANS	PORT OIL	AND NA	TURAL GA					
Operator Merit Energy Compar		Well API No. 30-025-22201								
Address 12221 Merit Drive,	Suite 1	040. Dal	las, TX 7	75251						
Reason(s) for Filing (Check proper box)					et (Please expiai	un)				
lew Well	C	hange in Tran	. []		recentur 1	2/1/01 4	14 100		į	
Recompletion	Oil		Gas 🗀	EFF	ECTIVE_1	7\1\21	1/1/92		•	
change in Operator V	Casinghead		densate	404 Daml	. Control	Dr S	te 400	Dallas.	TX 75251	
change of operator give name Bridged address of previous operator	e 011 Cc	ompany,	L. P., 12	404 Pari	Central	171., 5				
I. DESCRIPTION OF WELL	AND LEAS	SE								
Lease Name Humphrey Queen Uni		Well No. Pool L:	Name, Includir anglie Ma	g Formation ttix 7 I	Rivers Qu	een State, I	f Lease Federal or Fee		ise No.	
Unit Letter	: <u>46</u>	. 7 Fee	et From The	E_ Lin	e and _ 22	30_ Fee	et From The _	ゟ	Line	
Section 4 Townshi	25S	Rai	nge 37E	, N	мрм,		<u>ea</u>		County	
II. DESIGNATION OF TRAN	SPORTE	OF OIL.	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		Address (Giv	re address to wh	uch approved	copy of this fo	orm is to be ser	u)	
Shell Pipeline		P. O. Box 2648, Houston, TX 77252								
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)									
	id Richardson Carbon & Gasoline Co.					201 Main St., Suite 3000, Ft. Worth, TX 76102 Is gas actually connected? When?				
If well produces oil or liquids, give location of tanks.	Unit	-	5S 37E	1	es	1	3/20	/68		
f this production is commingled with that	from any othe									
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Cas well	1)	1			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
										
	TUBING, CASING AND						· ·	0.000 051515		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									-	
								· · · · · · · · · · · · · · · · · · ·		
							:			
V. TEST DATA AND REQUE						'amabla for th	in dansk on ba	for full 24 hou	l	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		load oil and mus		Method (Flow, p			jor juli 24 nou	73.)	
per marion on Run 10 fans	Date of Tes				, ,,					
Length of Test	Tubing Pre	ssure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
CACALLI					<u> </u>		<u>:</u>	<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls, Cond	ensate/MMCF		Gravity of	Concensate		
Actual Flore Four Princips	Lagar G									
Testing Method (pitot, back pr.)	Tubing Pro	essure (Shul-m)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	CATE OF	F COMPL	LANCE		01.00	NCEDY	/ATION!	חוויויייי	2N	
I hereby certify that the rules and reg					OIL CO	MOEH A			אוע	
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 1					
	711				• •		niud =			
Ju a Mark					By Paul KautzGeologist					
Signature Joe A. Marek Executive Vice President						Geolog	ist			
Printed Name		1	Title	Titl			·			
1/15/92	21	4/701-83	none No.							
Date		reiebt	NUE ITU.	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.