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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

l.		O THAN	SPORT OIL	AND NAT	UHAL GA	S				
Operator Merit Energy Compan	v				Well API No.					
Address			30	0-025-23863						
12221 Merit Drive,	Suite 1	040, Da	allas, TX 7	75251						
Reason(s) for Filing (Check proper box)				Othe	(Please expla	in)				
New Well			ransporter of:	FFF	COTIVE 1	2/1/01	1 /1 /02			
Recompletion Change in Operator	Oil Casinghead	_	ondensate	EFF	ECTIVE -1	<i>2</i> /1/91	1/1/92			
				404 D 1	<u> </u>	- D C	400	D-11-	TV 7505	
f change of operator give name and address of previous operator Bridge	011 0	ompany,	L. P., 12	404 Park	Central	Dr., S	te 400,	Dallas,	1X /525.	
I. DESCRIPTION OF WELL A	ND LEAS	SE								
Lease Name Langlie Mattix Queen l			ool Name, Includin Langlie Ma		ivers Qu	een Kind o	(Lease Federal or Fe		ase No.	
Location Unit Letter	. <u>33</u>	30F	eet From The	S' Line	and 33	30 F0	et From The	£	Line	
Section /O Township	250		tange 37E		IPM,	_	ea		County	
III. DESIGNATION OF TRANS										
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 TY 77252										
Name of Authorized Transporter of Casing	or Dry Gas	P. O. Box 2648, Houston, TX 77252 Address (Give address to which approved copy of this form is to be sent)								
Sid Richardson Carbon										
If well produces oil or liquids,	Unit 3	Sec. 17			201 Main St., Suite 3000, Ft. Worth, TX 7610					
give location of tanks.	9	/5	25S 37E	Υe		Ĺ	10/9	71		
If this production is commingled with the fi IV. COMPLETION DATA	rom any othe	r lease or po	ol, give commingli	ng order numi	er:			<u> </u>	<u> </u>	
Designate Type of Completion -	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	Ready to F	Prod.	Total Depth		L	P.B.T.D.	<u> </u>	1	
<u> </u>	·	•		·			1.5.1.5.			
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe						
	T	UBING, C	CASING AND	CEMENTING RECORD			<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							i			
· · · · · · · · · · · · · · · · · · ·							-			
										
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		f load oil and must		exceed top aile ethod (Flow, pr			for full 24 hou	rs.)	
			 –	<u> </u>						
Length of Test	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	cst		Bbls. Concensate MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Siz	e		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE)II	1055	ATION	5000		
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					
0		eul.	/		• •					
Signature Joe M. Marek Executive Vice President						AL SIONA	** *** *******************************			
Joe M. Marek Exec	utive V	ice Pr	esident Tide			· 大門(100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100)				
1/15/92	214	1/701-8		Title						
Date			phone No.							

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.