

P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

RECEIVED
 OCT 19 1992
 O. C. D.
 ARTESIA OFFICE

C/SF
 LT
 CP

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator MERIT ENERGY COMPANY	Well API No. 30-015-10283
Address 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251	
Reason(s) for Filing New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Operator <input checked="" type="checkbox"/> XX Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
EFFECTIVE OCTOBER 2, 1992	
If change of operator give name and address of previous operator GREENHILL PETROLEUM CORPORATION, 16010 BARKER'S POINT LN, SUITE 325, HOUSTON, TX 77079	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTH BENSON QUEEN UNIT	Well No. 4	Pool Name, Including Formation BENSON QUEEN GRAYBURG, NORTH	Kind of Lease, St. Fed. or Fee FEDERAL	Lease No. LC-064226
Location Unit Letter G 2310 Feet From The NORTH Line and 2310 Feet From The EAST Line Section 27 Township 18S Range 30E NMPM County EDDY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate TEXACO TRADING & TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) 16825 N. CHASE BLVD, STE 600 HOUSTON, TX 77060					
Name of Authorized Transporter of Casinghead Gas NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 28	Twp 18S	Rge 30E	Is gas actually connected? NO	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Supplied	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			ID-SS-52
			chy op

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and ust be qual to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Sheryl J. Carruth
 Signature
SHERYL J. CARRUTH REGULATORY MGR.
 Printed Name
 10/08/92 (214)701-8377
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 19 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

- INSTRUCTION** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filed out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.