Submit 5 Copies		.^-	State of l	New Mexico					Form C-104	
Appropriate District Office		Εnε	Minerals and Nat	tural Resources	Department				Revised 1-1-89	
DISTRICT I									See Instructions	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION							4. 5 4.5		
DISTRICT II	P.O. Box 2088							At Bottom of Page		
P.O. Drawer DD, Artesia, NM 8821	Santa Fe, New Mexico 87504-2088							i - C		
DISTRICT III	Sama Fe, New Mexico 8/304-2088						- -	MIST		
1000 Rio Brazos Rd, Aztec, NM 874	10						RECEIV	FÜ	UST	
1000 Kio Biazon Ku, Aziec, Nivi 674	10	REOU	EST FOR ALLOV	VARI E AND A	LITHORIZA:	TION	007 10	40.3.3	U_{0}	
			O TRANSPORT (TION	COT 1.9	1992	OF	
I.		•	0 111/11101 0111 0	SIE AND NAT	JIIAL UAG		0.0	n		
Operator	Well API No	Well API No.			O. C. D.					
MERIT ENERGY COMP	ANY					30-015-04	551	Jr 		
12221 MERIT DRIVE, ST	JITE 500. D	ALLAS.	TEXAS 75251					/	10	
Reason(s) for Filing			121110 7223.					/\	V	
New Well Recompletion	Oil	Change in	Transporter of:					1 1	/	
Change of Operator XX	Casinghead G	و و	Dry Gas Condensate		EFFECTIV	Е ОСТОВЕ	R 2. 1992	$\sim 10^{\circ}$		
If change of operator give name							<u>.</u>	-///		
and address of previous operator	IN CORDO	DATION	1/010 D + DVED	ia borum i vi				11		
GREENHILL PETROLET	FII AND I	FACE	, 16010 BARKER	'S POINT LN,	SUITE 325,	HOUSTON,	TX 77079	<u></u>		
Lease Name	LLL AND L	Well No.	Pool Name, Including F	ormation		Kind of Lease,	St. Fed. or Fee	Lease No.		
NORTH BENSON QUEE	N UNIT	21	BENSON QUEE	N GRAYBURG	G, NORTH	FEDERAL		NM-03377	5	
Location		1			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Unit Letter	N	660	Feet From The	SOUTH	Line and	1980	Feet From The	WEST	Line	
Section 27	Township 18		Range 30E		NMPM			County EDDY		
III. DESIGNATION OF T		TER OF	OIL AND NATUR	RAL GAS	7.00	INJECTIO				
TEXACO TRADING & T		MOITAT	or Condensate		I			form is to be sent)	77040	
Name of Authorized Transporter of C	· · · · · · · · · · · · · · · · · · ·	16825 N. CHASE BLVD, STE 600 HOUST								
NONE	and Gas					Address (Give	address to which a	pproved copy of this fe	orm is to be sent)	
If well produces oil or liquids,	9t	T	Unit	Sec.	Twp	Rge	Is gas actually o	onnected?	When?	
give location of tanks.			I	28	185	30E	NO			
If this production is commingled with		er lease or p	ool, give commingling order	er number:	-l					
IV. COMPLETION DATA	4									
		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Ros'v	
Designate Type of Comple										
Date Supdded	Ready to Prod.		Total Depth	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	sing Engardian		T. 011/C	T 01/C P			7.11			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Ou/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe					
	TUBING,	CASINO	AND CEMENTI	NG RECORD			_L			
HOLE SIZE					DEPTH SET			SACKS CEMENT		
							Part ID-3			
							10-23-92			
								cha m		
W TEST DATA AND DE	OUTEOT FOR		TARE							
V. TEST DATA AND RE	-							,		
OIL WELL (Test must be		total volume	of load oil and ust be qual				hours.)			
Duce First New Oil Run to Jank	Date of Test			Producing M	ethod (Flow, pump	o, gas lift, etc.)				
Length of Test	Tubing Pressur						1			
Longin of Tox	Tuonig Fressur	E		Casing Pressu	ire		Choke Size			
Actual Prod. During Test			Water - Rhie	Water - Bbis.			Gas - MCF			
			maior - Bols.							
GAS WELL	1			L			I			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of Cond	ensate		
<u>-</u>	3	<u></u>			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF C	OMPLI	ANCE				<u> </u>			
					OII CO	JCEDVA	ייר זאר)זיי	VICION		
I hereby certify that the rules and regul				}	OIL COL	NOEK V A	TION DI	A 1210W		
Division have been complied with and		•	ve		_					
is true and complete to the best of my)	mowledge and bel	icf.			Date Approv	ed	OCT 1	9 1992		
					7317					
I Gust		By ORIGINAL SIGNED BY								
OUEDVI I CARRITTI		MIKE WILLIAMS				-				
SHERYL J. CARRUTH REGULATORY MGR. Printed Name					Title SUPERVISOR, DISTRICT !					
	214)701-837	7]	
Date	Telephone No.	•							Ì	
INSTRUCTION This form is to	be filed in compl	liance with R	ule 1104							

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filed 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.