

DISTRICT I

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  
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>MERIT ENERGY COMPANY</b>	Well API No. 30-015-04566
Address 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251	
Reason(s) for Filing New Well Recompletion Change of Operator <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate	
EFFECTIVE OCTOBER 2, 1992	
If change of operator give name and address of previous operator <b>GREENHILL PETROLEUM CORPORATION, 16010 BARKER'S POINT LN, SUITE 325, HOUSTON, TX 77079</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NORTH BENSON QUEEN UNIT</b>	Well No. 37	Pool Name, Including Formation <b>BENSON QUEEN GRAYBURG, NORTH</b>	Kind of Lease, St. Fed. or Fee <b>FEDERAL</b>	Lease No. LC-058650
Location Unit Letter <b>B</b> 660 Feet From The <b>NORTH</b> Line and 1980 Feet From The <b>EAST</b> Line Section 34 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 <b>TEXACO TRADING &amp; TRANSPORTATION</b>	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 <b>NONE</b>	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 <b>I</b>	Sec. 28	Twp 18S	Rge 30E	Is gas actually connected? <b>NO</b>	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 Suppded	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 10-23-92 shy y/c

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.

Signature  
**SHERYL J. CARRUTH** REGULATORY MGR.

Printed Name

Date **10/08/92** Telephone No. **(214)701-8377**

**OIL CONSERVATION DIVISION**

Date Approved **OCT 19 1992**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**

Title **SUPERVISOR, DISTRICT I**

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.