

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
OCT 19 1992  
O. C. D.  
ARTESIA OFFICE  
C/O  
TW  
TA  
OP

I.

Operator  
MERIT ENERGY COMPANY

Well API No.  
30-015-10101

Address  
12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251

Reason(s) for Filing  
New Well  
Recompletion  
Change of Operator XX  
If change of operator give name and address of previous operator  
GREENHILL PETROLEUM CORPORATION, 16010 BARKER'S POINT LN, SUITE 325, HOUSTON, TX 77079

Change in Transporter of:  
Oil  
Casinghead Gas  
Dry Gas  
Condensate  
EFFECTIVE OCTOBER 2, 1992

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
NORTH BENSON QUEEN UNIT

Well No.  
9

Pool Name, Including Formation  
BENSON QUEEN GRAYBURG, NORTH

Kind of Lease, St. Fed. or Fee  
FEDERAL

Lease No.  
NM-033775

Location  
Unit Letter F  
Section 28  
Township 18S  
Range 30E  
Feet From The NORTH  
Line and NMPM  
Feet From The 1980  
WEST  
Line  
County EDDY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

INJECTION WELL

Name of Authorized Transporter of Oil XX 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.  
If this production is commingled with that from any other lease or pool, give commingling order number:

Unit  
I

Sec.  
28

Twp  
18S

Rge  
30E

Is gas actually connected?  
NO

When?

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  
Elevations (DF, RKB, RT, GR, etc.)  
Perforations

Date Compl. Ready to Prod.  
Name of Producing Formation

Total Depth  
Top Oil/Gas Pay

P.B.T.D.  
Tubing Depth  
Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post TD-3
			10-23-92
			chg up

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 excoed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank  
Length of Test  
Actual Prod. During Test

Date of Test  
Tubing Pressure  
Oil - Bbls.

Producing Method (Flow, pump, gas lift, etc.)  
Casing Pressure  
Water - Bbls.

Choke Size  
Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D  
Testing Method (pilot, back pr.)

Length of Test  
Tubing Pressure (Shut-in)

Bbls. Condensate/MMCF  
Casing Pressure (Shut-in)

Gravity of Condensate  
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  
Printed Name  
10/08/92  
Date  
(214)701-8377  
Telephone No.

REGULATORY MGR.

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

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 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.