

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 19 1992

O. C. D.  
ARTESIA OFFICE

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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>MERIT ENERGY COMPANY</b>	Well APT No. <b>30-015-10108</b>
Address <b>12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251</b>	
Reason(s) for Filing New Well Recompletion Change of Operator <b>XX</b> 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>	
Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate <b>EFFECTIVE OCTOBER 2, 1992</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NORTH BENSON QUEEN UNIT</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>BENSON QUEEN GRAYBURG, NORTH</b>	Kind of Lease, St. Fed. or Fee <b>FEDERAL</b>	Lease No. <b>NM-033775</b>
Location Unit Letter <b>G</b> Township <b>18S</b> Range <b>30E</b> Section <b>28</b> Foot From The <b>NORTH</b> Line and <b>1980</b> Foot From The <b>EAST</b> Line County <b>EDDY</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>XX</b> or Condensate <b>TEXACO TRADING &amp; TRANSPORTATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>16825 N. CHASE BLVD, STE 600 HOUSTON, TX 77060</b>					
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. <b>28</b>	Twp <b>18S</b>	Rge <b>30E</b>	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 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
			<b>Post ID-3</b>
			<b>10-23-92</b>
			<b>chc up</b>

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**  
Printed Name  
**(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.