Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Arlesia, NM 88210

1000 Rio Brazos Rd, Aztec, NM 87410

DISTRICT II

DISTRICT III

State of New Mexico Ene: Minerals and Natural Resources Department

RECEIVED

COT 1.9 1692

See Instructions

Form C-104

At Bottom of Page

Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

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I.		1	O TRANSPORT	OIL AND NAT	URAL GAS	3				
Operator MERIT ENERGY COMPANY				Well API N	Well API No. 30-015-10120					
Address 12221 MERIT DRIVE, SU	JITE 500, D	DALLAS	. TEXAS 75251			30-013-1	0120		· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing New Well Recompletion Change of Operator XX If change of operator give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate				EFFECTIVE OCTOBER 2, 1992					
GREENHILL PETROLEU II. DESCRIPTION OF WI	JM CORPO	RATION LEASE	I, 16010 BARKEI	R'S POINT LN	SUITE 325	, HOUSTON	I, TX 77079			
NORTH BENSON QUEEI Location	Well No. Pool Name, Including Form: EN UNIT 28 BENSON QUEEN				ation Kind of GRAYBURG, NORTH FEDE			Lease, St. Fed. or Fee Lease No. ERAL LC-068402		
Unit Letter Section 29	O Township 18		Feet From The Range 30E	SOUTH	Line and NMPM	1920	Feet From The	EAST County EDDY	Line	
III. DESIGNATION OF T	RANSPORT	TER OF	OIL AND NATU	RAL GAS						
TEXACO TRADING & T		TATION	or Condensate		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 Ca NONE	singhead Gas							approved copy of this		
If well produces oil or liquids,			Unit	Sec.	Twp	Rge	is gas actually	connected?	When?	
give location of tanks. If this production is commingled with t	hat from any oth	er lease or p	Ool, give commingling or	28	18S	30E	NO			
IV. COMPLETION DATA	<u> </u>									
Designate Type of Complet		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Superce	Date Compl. R	ceacly to Proc	1.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing S	Thoe		
HOLEGIZE	TUBING,	CASINO	AND CEMENT	ING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		1	SACKS CEM		
								10-23-92		
								ahe of		
V. TEST DATA AND REC	UEST FOR	RALLO	WABLE					<i>-</i> /-		
OIL WELL (Test must be a	fler recovery of	total volume	of load oil and ust be qua	al to or exceed top allow	wable for this dep	th 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 Pressu	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbls.			Gas - MCF		
GAS WELL							<u> </u>			
Actual Prod. Teat - MCF/D	Length of Test			Bbls. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
Cesting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressu	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF C	OMPLIA	NCE							
hereby certify that the rules and regulat					OIL CO	NSERVA	TION DI	VISION		
Division have been complied with and the			c		_					
s true and complete to the best of my knowledge and belief.				Date Approved						
igniture of formation				By ORIGINAL SIGNED BY THE MIKE WILLIAMS						
SHERYL J. CARRUTH REGULATORY MGR.				Title SUPERVISOR, DISTRICT IF						
0/08/92 (21	14)701-8377	·								
ale	Telephone No.									

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
- 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.