

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 18 1992

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GASC15F
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CP

I.

| | |
|---|-------------------------------------|
| Operator MERIT ENERGY COMPANY | Well API No. 30-015-10124 |
| Address 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251 | |
| Reason(s) for Filing New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Operator <input checked="" type="checkbox"/> XX Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator GREENHILL PETROLEUM CORPORATION, 16010 BARKER'S POINT LN, SUITE 325, HOUSTON, TX 77079 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|--|-------------------------------|
| Lease Name NORTH BENSON QUEEN UNIT | Well No. 15 | Pool Name, Including Formation BENSON QUEEN GRAYBURG, NORTH | Kind of Lease, St. Fed. or Fee FEDERAL | Lease No. NM-033775 |
| Location Unit Letter K 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 28 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"/> 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. | Unit I | Sec. 28 | Twp 18S | Rge 30E | Is gas actually connected? NO | 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 |
|-----------|----------------------|-----------|------------------|
| | | | Post ID-3 |
| | | | 10-33-82 |
| | | | shg 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 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
10/08/92 (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

- 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.