Submit 5 Copies

Appropriate	District	Office	

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artosia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztoc, NM 87410

Energy ______nerals and Natural Resources Department

OIL CONSERVATION DIVISION

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



Form C-104 Revised 1-1-89 See Instructions

At Bottom	of	Page
-----------	----	------

DOT	13	1930
621	- 0	D.
- <u>8</u> 8		

CISE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator				Well API N						
MERIT ENERGY COMPA	NY					30-015-1	0152	/···}	1/	
Address 12221 MERIT DRIVE, SU	ITE 500, D	ALLAS,	TEXAS 75251							
Reason(s) for Filing New Well		Change in	Transporter of:					, <u> </u>		
Recompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate EFFECTIVE OCTOBER 2, 1992									
Change of Operator XX If change of operator give name	Casinghead Ga	u 	Condensate		EFFECTI		SR 2, 1992			
and address of previous operator										
GREENHILL PETROLEU	M CORPO	RATION	, 16010 BARKER'S P	OINT LN,	SUITE 325,	HOUSTON	I, TX 77079			
II. DESCRIPTION OF WE	LL AND L	Wall No.	Pool Name, Including Forma	tion		Kind of Loas	e, St. Fed. or Fee	Lease No.	······	
NORTH BENSON QUEEN	UNIT	41	BENSON QUEEN C	GRAYBUR	G, NORTH	FEDERA	FEDERAL LC-028978B			
Unit Letter	н	1650	Fest From The	NORTH	Line and	330	Feet From The	EAST	Line	
Section 33	Township 18		Range 30E		NMPM			County EDDY		
III. DESIGNATION OF T		TER OF	OIL AND NATURAL	. GAS	Address (City o		ON WELL	s form is to be sent)		
Namer of Authorized Transporter of O TEXACO TRADING & T		ATION	or Condensate					HOUSTON, TY	¢ 77060	
Name of Authorized Transporter of Cas			· · · · · · · · · · · · · · · · · · ·					approved copy of this		
NONE										
If well produces oil or liquids,		1	Unit	Sec. 28	Twp 18S	Rgo 30E	Is gas actually NO	connected?	When?	
give location of tanks. If this production is commingled with the	at from any oth	er lease or pe	I ool, give commingling order nu		105					
IV. COMPLETION DATA		•								
		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Rcs'v	
Designate Type of Complet										
Date Supdded	Due Compl. F	loady to Proc	1.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing Forma	ion	Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
	1							Depth Casing Shoe		
Perforations							2.00 m 0			
	TUBING.	CASING	AND CEMENTING	RECORD						
HOLE SIZE			BING SIZE		DEPTH SET			SACKS CEM	IENT	
								Post ID	-3	
			<u> </u>					10-23-	72	
·····								cha an		
V. TEST DATA AND REC	UEST FO	R ALLO	WABLE					7		
	after recovery of	total volume	s of load oil and ust be qual to o				4 hours.)			
Date First New Oil Run To Tank	Date of Test			Producing N	fethod (Flow, pur	np, gas lift, etc.)				
Length of Test	Tubing Pressu			Casing Pres	ure		Choke Size			
Lengui or read										
Actual Prod. During Test	Oil - Bbls.		• · · · · · · · · · · · · · · · · · · ·	Water - Bbl	. Gas - M		Gas - MCF	- MCF		
			·							
GAS WELL	1			Dble Cande			Gravity of Cor	vieneste		
Actual Prod. Test - MCF/D	Length of Test	L		Bous, Conde	densate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Cesting Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pre-		Casing Pres	Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	CATE OF (COMPLI	ANCE							
I hereby certify that the rules and regul	ations of the Oil	Conservation			OIL CC	NSERV.	ATION D	IVISION		
Division have been complied with and t	hat the informati	ion given abo	ove				0.0	1 0 1000		
is true and complete to the best of my knowledge and belief.			Date Approved 0CT 1 9 1992							
No. In	C_{c}		are,		Ву	0.010	INDE SIGN			
Signiture			·	-0110	I WILLIAM:					
SHERYL J. CARRUTH REGULATORY MGR.			Title			STRICT I				
	214)701-833	77								
Dato	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 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.