Submit 5 Copies

Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

Ener,

1 inerals and Natural Resources Department

State of New Mexico

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

Car 1.9 1992

O. C. D.

Revised 1-1-89 See Instructions

Form C-104

At Bottom of Page

ISF OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

				Wall API No.						
Operator MERIT ENERGY COMPANY					30-015-10156					
Address 12221 MERIT DRIVE, SUI	TE 500, D	ALLAS,	TEXAS 75251						<u> </u>	
Reason(s) for Filing New Well		Change in T	ransporter of:				****			
Recompletion	Oil	-	Dry Gas		nennamit.	COTORE	. 0. 1000			
Change of Operator XX Casinghead Gas Condensate f change of operator give name					EFFECTIVI	FOCTOBER	(2, 1992			
and address of previous operator										
GREENHILL PETROLEU	M CORPOR	RATION,	16010 BARKER'S PO	INT LN,	SUITE 325, 1	HOUSTON,	TX 77079			
II. DESCRIPTION OF WE	LL AND L	Wall No.	Pool Name, Including Formation	n		Kind of Lease,	St. Fed. or Fee	Lease No.		
NORTH BENSON QUEEN	UNIT	1	BENSON QUEEN GR		, NORTH	FEDERAL	,	nm-033775		
Location		l								
Unit Letter	С	660	Feet From The	NORTH	Line and	1980	Feet From The	WEST	_Line	
III. DESIGNATION OF TR	Township 18S		Range 30E	246	NMPM			County EDDY		
Namer of Authorized Transporter of Oil		EK OF C	or Condensate	JA9	Address(Give address to which approved copy of this form is to be sent)					
TEXACO TRADING & TR	ANSPORT	ATION		16825 N. CHASE BLVD, STE 600 HOUSTON, TX 77060						
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved co				is to be sent)	
NONE If well produces oil or liquids,		<u></u>	Unit	Sec. Twp Rge			Is gas actually connected? When?			
give location of tanks.			I	28	185	30E	NO			
If this production is commingled with th	at from any othe	r lease or po	ol, give commingling order numb	per:	<u> </u>					
IV. COMPLETION DATA		1		Г	1		· · · · · ·	1	1	
B : . T . CO . L.	O(A)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi	On - (X) Date Compl. R	eady to Prod		Total Depth	L	<u> </u>	P.B.T.D.	<u> </u>	1	
Sate Start, Name, 1877										
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Formati	on	Top Oil/Gas	Pay		Tubing Depth			
							D 4 C 5 5			
Perforations							Depth Casing Sh	oe		
	TURING	CASING	AND CEMENTING	RECORD						
HOLE SIZE			BING SIZE	DEPTH SET			SACKS CEMENT			
							Pro	J TO-3		
								10-23-52		
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							1	\sim \prime		
V. TEST DATA AND REC	UEST FO	RALLO	WABLE				1	~ /		
OIL WELL (Test must be a	•		VABLE of load oil and ust be qual to or e				hours.)	~ /		
	•				wable for this depthethod (Flow, pump		hours.)			
OIL WELL (Test must be a Date First New Oil Run To Tank	Date of Test	total volume		Producing M	ethod (Flow, pump					
OIL WELL (Test must be a	fter recovery of	total volume			ethod (Flow, pump		hours.) Choke Size			
OIL WELL (Test must be a Date First New Oil Run To Tank	Date of Test	total volume		Producing M	ethod (Flow, pump					
OIL WELL (Test must be a Date First New Oil Run To Tank Length of Test	ofter recovery of Date of Test Tubing Pressur	total volume		Producing M Casing Press	ethod (Flow, pump		Choke Size			
OIL WELL (Test must be a Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	Tubing Pressur Oil - Bbls.	total volume		Producing M Casing Press Water - Bbls	ethod (Flow, pumpure		Choke Size Gas - MCF			
OIL WELL (Test must be a Date First New Oil Run To Tank Length of Test Actual Prod. During Test	ofter recovery of Date of Test Tubing Pressur	total volume		Producing M Casing Press	ethod (Flow, pumpure		Choke Size	ensate		
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OIL WELL (Test must be a Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing Pressur Oil - Bbls. Length of Test Tubing Pressur	total volume	of load oil and ust be qual to or e	Producing M Casing Press Water - Bbls Bbls. Conder	ethod (Flow, pumpure		Choke Size Gas - MCF Gravity of Conde	ensate		
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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.
- 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.