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

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd, Aztec, NM 87410

DISTRICT II

DISTRICT III

State of New Mexico Energy

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

nerals and Natural Resources Department

## RECEIVED **OIL CONSERVATION DIVISION**

(\*\*\* 1.9 1992

Form C-104

Revised 1-1-89

See Instructions

At Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS									U	
I. Operator					Well API No.					
MERIT ENERGY COMPANY Addross						30-015-1	0156	$\longrightarrow$	$\overline{1}$	
12221 MERIT DRIVE, SU Reason(s) for Filing	JITE 500, D	ALLAS,	TEXAS 75251						W/	
New Well Recompletion	Oil	Change in	Transporter of: Dry Gas							
Change of Operator XX	Casinghead Gas Condensate				EFFECTI	VE OCTOB	ER 2, 1992	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
If change of operator give name and address of previous operator		•								
GREENHILL PETROLEU	M CORPO	RATION	, 16010 BARKER'S I	POINT LN	SUITE 325,	HOUSTON	N, TX 77079			
II. DESCRIPTION OF WELL AND LEASE  [Lease Name   Well No.   Pool Name, Including Forms]						Kind of Less	e. St. Fed. or Fee.	, St. Fed. or Fee Lease No.		
NORTH BENSON QUEE	, , , ,						DERAL NM-033775			
Unit Letter Section 28	H Township 18	2310	Feet From The Range 30E	NORTH	Line and NMPM	660	Feet From Th		Line	
III. DESIGNATION OF T		L GAS	NMPM	INJECTI	ON WELL	County EDDY				
Namer of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)					
TEXACO TRADING & TRANSPORTATION  Name of Authorized Transporter of Casinghead Gas					16825 N. CHASE BLVD, STE 600 HOUSTON, TX 77060  Address (Give address to which approved copy of this form is to be sent)					
NONE			Natures (Olve andress			approved copy of this is	orm is to be sent)			
well produces oil or liquids,		T	Unit		Twp	Rge	Is gas actually	connected?	When?	
give location of tanks.  If this production is commingled with t	e location of tanks.  his production is commingled with that from any other		lesse or pool, give commingling order n		18S	30E	NO			
IV. COMPLETION DATA			, 5 v			<del></del>			<del></del>	
		Oil Wall	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet										
Die Suputed	Date Compl. R	teady to Proc		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	-L						Depth Casing	Shoe		
					V 4					
HOLE SIZE	TUBING,	CASING	AND CEMENTING		NEDTH OFF			C. OVO CEVE		
HODE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								1-27-92	7	
								and op		
V. TEST DATA AND REC	UEST FOR	RALLO	WABLE			·		_2/_		
OIL WELL (Test must be a	ufter recovery of	total volume	of load oil and ust be qual to or	r exceed top allo	wable for this dept	h or be for full 2	4 hours.)			
Date First New Oil Run To Tank	Date of Test			Producing M	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressur	c		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF			
GAS WELL	1						1	<del></del>	<del></del>	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF C	OMPLIA	NCE				l.			
hereby certify that the rules and regulations of the Oil Consevation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					OLD COMODICATION DIVIDION					
is true and complete to the best of my knowledge and belief.					Date Approved 0CT 1 9 1992					
Thereof fundle					By ORIGINAL SIGNED BY					
SHERYL J. CARRUTH REGULATORY MGR.				_	Title SUPERVISOR, DISTRICT IT					
10/08/92 (214)701-8377										
Date	Telephone No.			1						

## 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.