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

State of New Mexico
Enc Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

COT 1 9 1992

O. C. D.

Revised 1-1-89
See Instructions

Form C-104

At Bottom of Page

CISF

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		•	o mantor on toler		OTTAL GAS				O	
Operator				Well APT No.						
MERIT ENERGY COMPANY Address 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251										
Reason(s) for Filing	11 E 300, D	ALLAS,	TEXAS 75251							
New Well Recompletion	Oil	Change in	Transporter of:							
Change of Operator XX	Casinghead G	as	Dry Gas Condensate	EFFECTIVE OCTOBER 2, 1993						
If change of operator give name and address of previous operator										
GREENHILL PETROLEU	M CORPO	RATION	. 16010 BARKER'S PO	NITIN	SUITE 325	HOUSTON	TY 77070			
II. DESCRIPTION OF WE	LL AND L	EASE	, rooto Britatek o r	JIVI 151V,	JOHE JEJ,	110001011,	17 11013			
Lease Name Well No. Pool Name, Including Formation										
NORTH BENSON QUEEN	UNIT	24	BENSON QUEEN G	RAYBURG, NORTH FEDERAL			NM-033775			
Unit Letter		330	Feet From The	SOUTH	Line and	1491	Feet From The	EAST	Line	
Section 28	Township 18		Range 30E		NMPM			County EDDY		
III. DESIGNATION OF THE Namer of Authorized Transporter of O		EKUF	or Condensate	GAS	Address(Give add	ress to which appr	roved copy of this	s form is to be sent)	-	
TEXACO TRADING & TRANSPORTATION					16825 N. CHASE BLVD, STE 600 I				77060	
Name of Authorized Transporter of Casinghead Gas						Address (Give a	idress to which approved copy of this form is to be sent)			
NONE If well produces oil or liquids, Unit					Trum	Pag	Us see set alle			
give location of tanks.			T	Sec. 28	18S	30E	Is gas actually o	connected (When?	
If this production is commingled with the	at from any oth	er lease or po	ool, give commingling order num		1 100	1 30E	1	****		
IV. COMPLETION DATA										
Designate Type of Completi	on - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Supdded Date Compl. Ready to Prod.			Total Depth		<u></u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Profession										
Perforations							Dopth Casing S	hoe		
	TUBING,	CASINO	AND CEMENTING	RECORD			!			
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT							NT		
							Pot ID-3			
							10-38-92			
V. TEST DATA AND REC										
OIL WELL (Test must be after recovery of total volume of load oil and ust be qual to or expanse First New Oil Run To Tank Date of Test										
out that the out that to that	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	L						L			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressur	e (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF C	OMPLIA	ANCE				·			
I 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				00-4.0.4000						
is true and complete to the best of my knowledge and belief.				Date Approved						
Signiture & Caracter				By ORIGINAL SIGNED BY						
SHERYL J. CARRUTH REGULATORY MGR. Printed Name				MIKE WILLIAMS SUPERVISOR, DISTRICT I						
10/08/92 (214)701-8377										
Date	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.