Submit 5 Copies			State of New M	Mexico		_			Form C-104		
Appropriate District Office		Ener <sub>、</sub>	Ener dinerals and Natural Resources Department						Revised 1-1-89		
DISTRICT I		OTF 4	OH GONGERNAMION PRIMON						See Instructions		
P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION D			SION	RE(	1 0 1692 2 0 1692		At Bottom of Page		
DISTRICT II			P.O. Box 20			•••					
P.O. Drawer DD, Artesia, NM 88210			Santa Fe, New Mexi	-2088	Comme	1 9 1636		alst			
DISTRICT III	REQUEST FOR ALLOWABLE AND AUTHORIZATION							CIST			
1000 Rio Brazos Rd, Aztec, NM 87410		DEOLIS	ECT EOD ALLOWARI			10N	JEEL !	F	LI		
			EST FOR ALLOWABL D TRANSPORT OIL A			ION VEL	E SIL		()V		
I.		10	J INANGEON I OIL A	ו אוו טוו	JIAL GAS				01		
Operator				Well API No	o.						
MERIT ENERGY COMPA		····	<u></u>	30-015-10208							
12221 MERIT DRIVE, SUI	TE 500, D	ALLAS,	TEXAS 75251								
Reason(s) for Filing			,						-		
New Well Recompletion	Change in Transporter of: Dry Gas										
Change of Operator XX	Casinghead Ga	as	Condensate		EFFECTIV	Е ОСТОВЕ	R 2, 1992				
If change of operator give name and address of previous operator											
GREENHILL PETROLEU	M CORPO	RATION	, 16010 BARKER'S PO	INT LN,	SUITE 325,	HOUSTON,	TX 77079				
II. DESCRIPTION OF WE	LL AND L										
Lease Name	Well No. Pool Name, Including Formation			Kind of Lease,			Lease No.				
NORTH BENSON QUEEN Location	UNII	22	BENSON QUEEN GF	CAYBURG	J, NORTH	FEDERAL	<u> </u>	NM-033775			
Unit Letter	М	660	Feet From The	SOUTH	Line and	560	Feet From The	WEST	Line		
Section 27	Township 18	S	Range 30E		 NMPM			County EDDY			
III. DESIGNATION OF TR		TER OF		GAS							
Namer of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)									770/0		
TEXACO TRADING & TR  Name of Authorized Transporter of Cas		ATION			16825 N. C			Proved copy of this for			
Name of Authorized Transporter of Cas NONE	ingnead Gas					Address (Olve	address to which ap	proved copy of this to	rm is to be sent)		
If well produces oil or liquids,			Unit	Sec.	ec. Twp Rge		Is gas actually or	onnected?	When?		
give location of tanks.			I	28	18E	30S	NO				
If this production is commingled with the	•	er lease or po	ool, give commingling order numb	ber:				- · · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA	<del></del>	Tan	Ta	T., .,,	Т	T <sub>n</sub>	Tn. n.	la	In:mn .		
Designate Type of Completi	on ( <b>Y</b> )	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Supdded	Date Compl. R	Ready to Proc	1.	Total Depth	1	<u> </u>	P.B.T.D.	ļ			
•		·		,							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth					
			L								
Perforations							Depth Casing Sh	ioe			
	TURING	CASINO	G AND CEMENTING I	PECORD							
HOLE SIZE	ING & TUBING SIZE			DEPTH SET		SACKS CEMENT					
				ļ			1	0-23-52			
							<u> </u>	che op	·		
V. TEST DATA AND REC	OUEST FO	R ALLO	WABLE	<del></del>			1				
			of load oil and ust be qual to or e	xœed top allo	wable for this depth	or be for full 24	hours.)				
Date First New Oil Run To Tank	<del> </del>	Producing Method (Flow, pump, gas lift, etc.)				<u> </u>					
Length of Test	Tubing Pressu	re		Casing Pressure			Choke Size				
_					W. Di			C. VCF			
Actual Prod. During Test Oil - Bbls.		1.		Water - Bbls.			Gas - MCF	Unio - MCF			
GAS WELL	L			1			1				
Actual Prod. Test - MCF/D	f Test		Bbls. Condensate/MMCF			Gravity of Condensate					
·-							·				
Testing Method (pilot, back pr.) Tubing Pressur		Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	1			1			1		1		

## Date

(214)701-8377

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Consevation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

SHERYL J. CARRUTH

Printed Name 10/08/92

- 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.

REGULATORY MGR.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

Date Approved

OCT 1 9 1992

Ву

ORIGINAL SIGNED BY

Title

MIKE WILLIAMS

SUPERVISOR, DISTRICT I