

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MERIT ENERGY COMPANY		Well API No. 30-015-10398	
Address 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251			
Reason(s) for Filing New Well Recompletion Change of Operator XX Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate EFFECTIVE OCTOBER 2, 1992			
If change of operator give name and address of previous operator GREENHILL PETROLEUM CORPORATION, 16010 BARKER'S POINT LN, SUITE 325, HOUSTON, TX 77079			

Lease Name NORTH BENSON QUEEN UNIT		Well No. 5	Pool Name, Including Formation BENSON QUEEN GRAYBURG, NORTH	Kind of Lease, St. Fed. or Fed FEDERAL	Lease No. NM-033775
Location Unit Letter F 2310 Feet From The NORTH Line and 1750 Feet From The WEST Line Section 27 Township 18S Range 30E NMPM County EDDY					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		INJECTION WELL				
Name of Authorized Transporter of Oil XX or Condensate TEXACO TRADING & TRANSPORTATION		Address (Give address to which approved copy of this form is to be sent) 16825 N. CHASE BLVD, STE 600 HOUSTON, TX 77060				
Name of Authorized Transporter of Casinghead Gas NONE		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 28	Twp 18S	Rge 30E	Is gas actually connected? NO	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas well New Well Workover Deepen Plug Back Same Res'v Diff Res'v		
Date Supplied	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Pat ID-3
			10-23-92
			chc ap

V. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of load oil and ust be qual to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	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			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved OCT 19 1992	
Signature SHERYL J. CARRUTH REGULATORY MGR.		By ORIGINAL SIGNED BY MIKE WILLIAMS	
Printed Name		Title SUPERVISOR, DISTRICT 19	
Date 10/08/92 Telephone No. (214)701-8377			