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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Energ ...inerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89

See Instructions

007 1.9 1992

O. C. D.



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	 			Wali API N						
Operator MERIT ENERGY COMPANY					30-015-10586					
Address 12221 MERIT DRIVE, SU	ITE 500, D	ALLAS,	TEXAS 75251					,,. ,, <u>, -</u>		
Reason(s) for Filing New Well		Change in T	ranaporter of:							
Recompletion	Dry Gas		EFFECTIVE OCTOBER 2 1002							
Change of Operator XX If change of operator give name	Condensate	EFFECTIVE OCTOBER 2, 1992								
and address of previous operator										
GREENHILL PETROLEU II. DESCRIPTION OF WE			16010 BARKER'S PC	OINT LN,	SUITE 325, 1	HOUSTON,	TX 77079			
Lesse Name Well No. Pool Name, Including Format				ion Kind of Lea			St. Fed. or Fee Lease No.			
NORTH BENSON QUEEN	N UNIT 3 BENSON QUEEN G			RAYBURG, NORTH F		FEDERAL	FEDERAL		NM-033775	
Location		l	For Form The	NODTH	Time and	1681	P P 7%	wee	Line	
Unit Letter Section 27	C Township 185	990	Feet From The Range 30E	NORTH	Line and NMPM	1651	Feet From The	County EDDY	— Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Namer of Authorized Transporter of O	or Condensate	Address(Give address to which approved copy of this form is to be sent)								
TEXACO TRADING & TRANSPORTATION								D, STE 600 HOUSTON, TX 77060		
Name of Authorized Transporter of Casinghead Gas					Address (Give a			address to which approved copy of this form is to be sent)		
NONE If well produces oil or liquids, Unit					Sec. Twp Rge			Is gas actually connected? When?		
give location of tanks.		ļ	I	28	18S	30E	NO			
If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA		r		r		T	1	Υ		
Designate Trans of Committee	· an	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet Date Supdded	Date Compl. Re	edy to Prod.		Total Depth	<u> </u>		P.B.T.D.	<u> </u>		
See Sought tamey (STION)										
Elevations (DF, RKB, RT, GR, etc.)	on	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe		
	TUBING.	CASING	AND CEMENTING F	ECORD			<u>L</u>			
HOLE SIZE					DEPTH SET			SACKS CEMENT		
							Post ID-3			
								10-13-52		
								chy of		
V. TEST DATA AND REC	UEST FOR	ALLOV	VABLE				<u> </u>			
OIL WELL (Test must be a	fier recovery of t	otal volume	of load oil and ust be qual to or ex	cocci top allov	vable for this depth	or be for full 24 h	ours.)			
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	n of Test Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas - MCF		
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
										
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF C	OMPI IA	NCE							
				OIL CONCEDUATION DIVIDION						
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 is true and complete to the best of my knowledge and belief.				Date Approved OCT 1 9 1992						
Alina Journalis				By ORIGINAL SIGNED BY HIKE WILLIAMS				_		
SHERYL J. CARRUTH REGULATORY MGR. Printed Name					Title SUPERVISOR, DISTRICT IT					
	14)701-8377	,								
	14/101-03//									

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.