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 Ene State of New Mexico Ene Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 RECEIVED

Form C-104
 Revised 1-1-89
 See Instructions

At Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.									U	
Operator MERIT ENERGY COMPANY					Well API No. 30-015-10844					
Address 12221 MERIT DRIVE, SU	JITE 500, D	ALLAS,	TEXAS 75251							
Reason(s) for Filing New Well		Change in '	Fransporter of:				··· · · · · · · · · · · · · · · · · ·			
Recompletion	Recompletion Oil Dry Gas									
Change of Operator XX Casinghead Gas Condensate If change of operator give name				EFFECTIVE OCTOBER 2, 1992						
and address of previous operator										
GREENHILL PETROLEU	M CORPO	RATION	, 16010 BARKER'S P	OINT LN,	SUITE 325,	HOUSTON,	, TX 77079			
Lease Name Well No. Pool Name, Including Format					ion Ki		Kind of Lease, St. Fed. or Fee		Lcase No.	
NORTH BENSON QUEEN UNIT 30 BENSON QUEE			BENSON QUEEN G	GRAYBURG, NORTH		FEDERAL			LC-068402	
Unit Letter	<u>A</u>	660	Feet From The	NORTH	Line and	330	Feet From Th	e <u>East</u>	Line	
III. DESIGNATION OF T	Township 18		Range 30E	CAS	NMPM			County EDDY		
Namer of Authorized Transporter of C	or Condensate	Address(Give ad	dress to which apr	proved copy of th	is form is to be sent)					
TEXACO TRADING & TRANSPORTATION					16825 N. CHASE BLVD, STE 600 HOUSTON, TX 7					
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, Unit										
give location of tanks.			I	Sec. 28	т _{wp} 18S	Rge 30E	ls gas actually NO	connected?	When?	
If this production is commingled with t	hat from any othe	er lease or po	ol, give commingling order num	nber:	1.00	1905				
IV. COMPLETION DATA										
		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet										
Date Supdded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Formati	on	Top Oil/Gas Pay			Tubing Depth			
Performi	<u> </u>									
Perforations							Depth Casing S	Shoe		
TUBING, CASING AND CEMENTING										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								Port ID-3		
······								10-23-95		
							<u>├</u> ──	cha g	·	
V. TEST DATA AND REC										
OIL WELL (Test must be a	ifter recovery of	total volume	of load oil and ust he qual to or	exceed top allo	wable for this depth	or be for full 24	hours.)			
Date First New Oil Run To Tank	nk 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	I	· · · · · · · · · · · · · · · · · · ·								
Actual Prod. Test - MCF/D	Longth 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					·····		1			
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				0.07 1 0 4000						
is true and complete to the best of my knowledge and belief.				Date Approved 0CT 1 9 1992						
Signiture Canalto					By ORIGINAL SIGNED BY					
SHERYL J. CARRUTH REGULATORY MGR.					Title MIKE WILLIAMS					
Printed Name 10/08/02 (214)701 8277						<u> </u>			-	
10/08/92 (214)701-8377 Date Telephone No.										
	relephone 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.