Submit 5 Copies Appropriate District Office DISTRICT I

State of New Mexico

Energ inerals and Natural Resources Department

Form C-104 Revised 1-1-89

Sec Instructions

At Bottom of Page

DISTRICT III

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd, Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

00T 1 9 1992

RECEIVED

O. C. D.



## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.		•	, , , , , , , , , , , , , , , , , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					V	
Operator					Well API No. 20 015 10846					
MERIT ENERGY COMPANY 30-015-10846										
12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251 Reason(s) for Füing										
New Well Recompletion	Oil	Change in	Transporter of: Dry Gas							
Change of Operator XX	Casinghead Go	<b>L</b>	Condensate	EFFECTIVE OCTOBER 2, 1992						
If change of operator give name and address of previous operator	T-1-1-1-1									
GREENHILL PETROLEU	M CORPO	RATION	, 16010 BARKER'S PO	DINT LN.	SUITE 325,	HOUSTON.	TX 77079			
II. DESCRIPTION OF WELL AND LEASE										
NORTH BENSON QUEEN UNIT 43 BENSON QUEEN G					· · · · · · · · · · · · · · · · · · ·		St. Fed. or Fee	Lease No.		
NORTH BENSON QUEEN Location	VUNIT 43 BENSON QUEEN G			KAIBURG, NORTH		STATE_		E-9262		
Unit Letter	E	1980	Feet From The	NORTH	Line and	660	Feet From The	WEST	Line	
Section 32	Township 18	5	Range 30E		NMPM			County EDDY		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  [Namer of Authorized Transporter of Oil XX or Condensate   Address (Give address to which approved copy of this form is to be sent)										
Namer of Authorized Transporter of Ot TEXACO TRADING & TR	or Condensate	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					<del></del>			ddress 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 o	onnected?	When?	
give location of tanks.  If this production is commingled with the	at from any other	r lease or no	I sive comminating order num	28	18S	30E	NO			
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA										
		Oil Well	Gas well	Now Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi	on - (X)									
Date Supdded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Brody	olas Esamet		Ton Oll/Goo	Davi		Taking Death			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations				<del></del>			Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							11-52-55			
								he us		
V STORE DAMA AND DEC				<u> </u>						
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 ex  Date First New Oil Run To Tank  Date of Test					exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
					outer (sion, pump	, 8,				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF			
CACWELL										
GAS WELL Actual Prod. Test - MCF/D Length of Test					nsate/MMCF	<del> </del>	Gravity of Conde	Procede		
LANGUE OF LOSS			DOIS. COMMISSION (VIIVEC)			GIVIN OF COMMUNIC				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE							<u> </u>	<del></del>		
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					OID COURTY ANTION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved					
attinos of friends				By ORIGINAL SIGNED BY						
Signiture SHERYL J. CARRUTH REGULATORY MGR.					MAKE YOULIAMS Title SUBJECTION DISTRICT IF					
Printed Name 10/08/92 (214)701-8377						<del>- 3661.7</del>	<del>نام والماليانية و</del>		-	
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
- 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.