Submit 5 Copies	
Appropriate District Office	
DISTRICT I	
P.O. Box 1980, Hobbs, NM 88240	
DISTRICT II	

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd, Aztec, NM 87410

DISTRICT III

State of New Mexico Energ inerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 1 9 1992

Form C-104

Revised 1-1-89

At Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D. Wall API No. 30-015-26345 MERIT ENERGY COMPANY 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251 Reason(s) for Filing Change in Transporter of: Dry Gas Recompletion **EFFECTIVE OCTOBER 2, 1992** Change of Operator XX If change of operator give n and address of previous operator GREENHILL PETROLEUM CORPORATION, 16010 BARKER'S POINT LN, SUITE 325, HOUSTON, TX 77079 II. DESCRIPTION OF WELL AND LEASE Kind of Lease, St. Fed. or Fee Pool Name, Including Formatio STATE NM-033775 BENSON QUEEN GRAYBURG, NORTH NORTH BENSON QUEEN UNIT 46 Line 2310 Feet From The SOUTH Line and EDDY NMPM County Township 18S Range 30E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Namer of Authorized Transporter of Oil XX 16825 N. CHASE BLVD, STE 600 HOUSTON, TX 77060 TEXACO TRADING & TRANSPORTATION Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas NONE Is gas actually connected? Rec If well produces oil or liquids, 28 185 30E NO 1 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order num IV. COMPLETION DATA New Well Diff Res'v Oil Wall Workover Plug Back Same Res'v Gas well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Supdded Date Compl. Ready to Prod Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD DEPTH SET **CASING & TUBING SIZE** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Choke Size Longth of Test Oil - Bbls. Water - Bbls. Gas - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Choke Size Casing Pressure (Shut-in) Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Consevation Division have been complied with and that the information given above OCT 1 9 1992 Date Approved is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY Ву MIKE WILLIAMS SHERYL J. CARRUTH REGULATORY MGR. Title SUPERVISOR DISTRICT IF Printed Name

INSTRUCTION This form is to be filed in compliance with Rule 1104

10/08/92

Date

- 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.

(214)701-8377

- 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.