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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2038
Santa Fe, New Mexico 87504-2038

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Greenhill Petroleum Corporation	Well API No. 30-025-30959
Address 16010 Barkers Point, Ste., 325, Houston, TX 77079	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Lovington Unit	Well No. 67	Pool Name, Including Formation West Lov. Upper San Andres	Kind of Lease State, Federal or Fee	Lease No. B-4286-1
Location				
Unit Letter <u>C</u>	<u>135</u>	Feet From The <u>North</u> Line and <u>2600</u>	Feet From The <u>West</u> Line	
Section <u>7</u>	Township <u>17S</u>	Range <u>36E</u>	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co. GPM Corporation	4001 Pembroke, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit <u>C</u> Sec. <u>7</u> Twp. <u>17S</u> Rge. <u>36E</u>	Yes <u>1</u> 2-21-91

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
			<input checked="" type="checkbox"/>					
Date Spudded 1-8-91	Date Compl. Ready to Prod. 2-21-91	Total Depth 5240'	P.B.T.D. 5226					
Elevations (DF, RKB, RT, GR, etc.) 3908 GR	Name of Producing Formation West Lovington SA	Top Oil/Gas Pay	Tubing Depth 4584					
Perforations 4751-5158							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	362	275					
7 7/8	5 1/2	5240	1200					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 2-21-91	Date of Test 2-22-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 353	Gas- MCF TSTM

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

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.

Signature Michael J. Newport
Printed Name Michael J. Newport Landman
Date 3-5-91 Telephone No. 955-1146

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: 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 filled 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.