

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

OIL CONSERVATION DIVISION

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

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

I.

Operator Greenhill Petroleum Corporation	Well API No. 3002530961
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. 69	Pool Name, Including Formation West Lov. Upper San Andres	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B4286-1
Location Unit Letter <u>C</u> : <u>1305</u> Feet From The <u>North</u> Line and <u>2575</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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. SPM Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>17</u>	Twp. <u>17S</u>	Rge. <u>36E</u>
Is gas actually connected?	When?		<u>2-4-91</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>12-26-90</u>	Date Compl. Ready to Prod. <u>1-28-91</u>		Total Depth <u>5240</u>		P.B.T.D. <u>5105</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3905.2 GR</u>	Name of Producing Formation <u>West Lovington</u>		Top Oil/Gas Pay		Tubing Depth <u>4809</u>			
Perforations <u>4730-5740</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>368</u>	<u>275</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>5240</u>	<u>785</u>

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 <u>2-4-91</u>	Date of Test <u>2-7-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>0</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>19</u>	Water - Bbls. <u>159</u>	Gas - MCF <u>TSTM</u>

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.

Michael J. Newport
Signature
Michael J. Newport Landman
Printed Name
2-25-91 Date
955-1146 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 2-25-91

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies
 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
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

Form C-105
 Revised 1-1-89

WELL API NO.
 30-025-30961

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No. B42861

7. Lease Name or Unit Agreement Name
 West Lovington Unit

8. Well No.
 69

9. Pool name or Wildcat
 West Lovington Upper San Andres

1a. Type of Well:
 OIL WELL GAS WELL DRY OTHER _____

b. Type of Completion:
 NEW WELL WORK OVER DEEPEN PLUG BACK DIFF RESVR OTHER _____

2. Name of Operator
 Greenhill Petroleum Corporation

3. Address of Operator
 16010 Barkers Point, Ste., 325, Houston TX 77079

4. Well Location
 Unit Letter C : 1305 Feet From The North Line #1 2575 Feet From The West Line
 Section 7 Township 17S Range 36E NMPM Lea County

10. Date Spudded 12-26-90	11. Date T.D. Reached 1-6-91	12. Date Compl. (Ready to Prod.) 1-28-91	13. Elevations (DF & RKB, RT, GR, etc.) 3905.2 GR	14. Elev. Casinghead
15. Total Depth 5240	16. Plug Back T.D. 5105	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools <input checked="" type="checkbox"/> Cable Tools _____	19. Producing Interval(s), of this completion - Top, Bottom, Name West Lovington 4734-5105 - San Andres
21. Type Electric and Other Logs Run GR/GAL/CNS/SLD/DLL/MSFL			20. Was Directional Survey Made No	22. Was Well Cored No

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	368	12 1/4	275 SX class c + 2% CaCl ₂	
5 1/2	15.5	5240	7 7/8	785 SX class c + 2% CaCl ₂	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8	4809	None

26. Perforation record (interval, size, and number)
 See attached Detail

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
5144-4734	875 gal 15% HCl acid
	5925 gal 20% HCl acid

28. PRODUCTION

Date First Production 2-4-91	Production Method (Flowing, gas lift, pumping - Size and type pump) Rod pumping	Well Status (Prod. or Shut-in) producing					
Date of Test 2-21-91	Hours Tested 24	Choice Size NA	Prod'n For Test Period 19	Oil - Bbl. 19	Gas - MCF 159	Water - Bbl. 159	Gas - Oil Ratio
Flow Tubing Press. NA	Casing Pressure 0	Calculated 24-Hour Rate same	Oil - Bbl. same	Gas - MCF 159	Water - Bbl. 159	Oil Gravity - API - (Corr.) 33°	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
 Sold

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Michael J. Newport Printed Name Michael J. Newport Title Landman Date 2-25-91

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy <u>1922</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt <u>2032</u>	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B Salt <u>3059</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>3113</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>3373</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>3794</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg <u>4502</u>	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>4684</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Otzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Delaware Sand _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Bone Springs _____	T. Entrada _____	T. _____
T. Abo _____	T. _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....
 No. 2, from.....to..... No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
0	200	200	Caliche & Shells				
200	385	185	Red Beds				
385	1922	1537	Sand & Shale				
1922	2032	110	Anhydrite				
2032	3059	1027	Salt				
3059	3113	54	Sandstone-Siltstone				
3113	3373	260	Sandstone-Siltstone				
3373	3794	421	Sandstone-Siltstone				
3794	4502	708	Sandstone				
4502	4684	182	Lime & Anhydrite				
4684	5240	556	Dolomite				
Total Depth		5240					