

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator GREENHILL PETROLEUM CORPORATION		Well API No. 30 025 31455
Address 11490 Westheimer, Suite 200, Houston, Texas 77077		
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 checked="" 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. 90	Pool Name, Including Formation W. Lovington Upper San Andres	Kind of Lease (State, Federal or Fee)	Lease No. B4120
Location Unit Letter <u>G</u> : <u>1335</u> Feet From The <u>East</u> Line and <u>2580</u> Feet From The <u>North</u> Line Section <u>7</u> Township <u>17 South</u> Range <u>36 East</u> , NMPM, <u>Lea</u> 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 Company	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"/> GPM Gas 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 J	Sec. 5
	Twp. 17S	Rge. 36E
	Is gas actually connected? yes	When? 5-1-92
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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-28-92	Date Compl. Ready to Prod. 5-1-92		Total Depth 5230'		P.B.T.D. 5189'			
Elevations (DF, RKB, RT, GR, etc.) 3900.4 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay -----		Tubing Depth 5141'			
Perforations 4750'-5154' San Andres					Depth Casing Shoe -----			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		1310'		500 sacks of Class "C"			
7 7/8"	5 1/2" 15.5#		5230'		1250 sacks of Class "C"			

V. TEST DATA AND REQUEST FOR ALLOWABLE

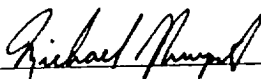
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)		Producing Method (Flow, pump, gas lift, etc.) Pump	
Date First New Oil Run To Tank 4-28-92	Date of Test 5-12-92	Casing Pressure -----	Choke Size -----
Length of Test 24 hours	Tubing Pressure -----	Water - Bbls. 283	Gas - MCF TSTM
Actual Prod. During Test 319	Oil - Bbls. 36		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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-Land Mgr.-Permian Basin  
Printed Name  
5-18-92  
Date  
(713) 589-8484  
Telephone No.

OIL CONSERVATION DIVISION  
MAY 21 1992

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.