

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1
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JAN 03 '89

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D. *-A*
ARTESIA, OFFICE

I. Operator
GREENHILL PETROLEUM CORPORATION

Address
16010 Barker's Point Lane, Suite 325, Houston, Texas 77079

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Effective 1/1/89
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

Other (Please explain)
W1W

If change of ownership give name and address of previous owner **Texaco, Inc., P.O. Box 728, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Benson Queen Unit	Well No. 37	Pool Name, including Formation Benson Queen Grayburg, North	Kind of Lease State, Federal or Fee Federal	Lease No. LC-058650
Location				
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East				
Line of Section 34 Township 18S Range 30E , NMPM, Eddy 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 Company (0096-0861)	P.O. Box 2528, Hobbs, New Mexico 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)
None	POST ID-3
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. 28 Twp. 18S Rge. 30E	No 1-13-89

If this production is commingled with that from any other lease or pool, give commingling order number: **cdg ap.**

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Gene Linton
(Signature)
Gene Linton
Production Coordinator
(Title)
December 28, 1988
(Date)
(713) 870-0606

OIL CONSERVATION DIVISION
JAN 11 1989
APPROVED _____, 19_____
BY **Original Signed By**
Mike Williams
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.