

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83

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OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Effective 1/1/89

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. 16	Pool Name, including Formation Benson Queen Grayburg, North	Kind of Lease State, Federal or Fee Federal NM	Lease No. 033775
Location				
Unit Letter J : 1650 Feet From The South Line and 1651 Feet From The East				
Line of Section 28 Township 18S Range 30E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
INJECTION WELL	
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	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? No When POST ID-3

If this production is commingled with that from any other lease or pool, give commingling order number **1-13-89**
Chg op

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.


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