

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JAN 03 '89

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
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) Other (Please explain)

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

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 <u>North Benson Queen Unit</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Benson Queen Grayburg, North</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM-033775</u>
Location				
Unit Letter <u>G</u>	<u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>28</u>	Township <u>18S</u>	Range <u>30E</u>	, NMPM, <u>Eddy</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Texas-New Mexico Pipeline Company (0096-0861)</u>	<u>P.O. Box 2528, Hobbs, New Mexico 88240</u>					
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)					
<u>None</u>						
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>28</u>	Twp. <u>18S</u>	Rge. <u>30E</u>	Is gas actually connected? <u>No</u>	When <u>POST ID-3</u>

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.

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

OIL CONSERVATION DIVISION
APPROVED JAN 11 1989, 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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able 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 filed for each pool in multip completed wells.