

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

JAN 03 '89

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OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input type="checkbox"/>

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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective 1/1/89
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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. 18	Pool Name, including Formation Benson Queen Grayburg, North	Kind of Lease State, Federal or Fee Federal NM	Lease No. -033775
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>27</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 type="checkbox"/> or Condensate <input type="checkbox"/> INJECTION WELL	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u>	
	When <u>POST ID-3</u> <u>1-13-89</u> <u>Phg op</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 filled 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 allowable 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 multiple completed wells.