MAY - 3'89

O. C. D.
ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| PO. 00 (00140 NEE | e iv to | Π |   |
|-------------------|---------|---|---|
| DISTRIBUTION      |         |   |   |
| SANTA FE          |         |   |   |
| FILE              |         | ~ | - |
| U.3.0.8,          |         |   |   |
| LAND OFFICE       |         |   |   |
| TRANSPORTER       | OIL     |   |   |
|                   | GAS     |   |   |
| OPERATOR          |         |   |   |
| PRORATION OFFICE  |         |   |   |

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

| REQUEST FOR ALLOWABLE                         |   |
|---|---|
| AND   |   |
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA | ٧ |

| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |  |                   |  |
|---|--|-------------------|--|
| <u>I.                                      </u>   |  |                   |  |
| Operator  |  |                   |  |
| Greenhill Petroleum Corporation/  |  |                   |  |
| Address   | 77070  |                   |  |
| 16010 Barker's Point Lane, Ste. 325, Ho   | Ouston, Texas 77079  |                   |  |
| Reason(s) for filing (Check proper box)  Change in Transporter of:  | Omai i como onfermo  |                   |  |
|   | Gas  |                   |  |
| The completion  | ndensate   |                   |  |
| Change in Ownership XX Casinghead Gas Cor   |  |                   |  |
| If change of ownership give name  |  |                   |  |
| and address of previous owner   |  |                   |  |
| II. DESCRIPTION OF WELL AND LEASE   |  |                   |  |
| I egge Name   Well No.   Pool Name, including Fo  | fmation Kind of Lease  | Lease No.         |  |
| No. Benson Queen Unit 1 North Benson  | Oueen Grayburge, Federal or Fee Federal  | <u>NM-0337</u> 75 |  |
| Location  |  | •                 |  |
| Unit Letter C : 660 Feet From The North Line  | and 1980 Feet From The West  |                   |  |
| Unit Letter C : 000 Feet From the 2702 Care   |  |                   |  |
| Line of Section 28 Township 185 Range 3   | OE , NMPM, Eddy  | County            |  |
|   |  |                   |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  | GAS Address (Give address to which approved copy of this form is to  | he centl          |  |
| Name of Authorized Transporter of Oil 🐧 or Condensate   | Address (Gibs address to mutch approper coby of this form to to  | oe sem,           |  |
| Texas-New Mexico Pipeline Co. (0096-0861  | P.O. Box 2528, Hobbs, NM 88240   | <u> </u>          |  |
| Name of Authorized Transporter of Casinghead Gas 🐧 or Dry Gas   | Variety forth managed to amount all the same of the sa |                   |  |
| Phillips 66 Natural Gas Company   | TOOUT TOMOLOGIET TOTAL   | 762               |  |
| If well produces oil or liquids, Unit Sec. Twp. Rgs.  | Is gas actually connected? When  | 29                |  |
| give location of tanks. I 28 185 30E  | Yes WAA  | 01                |  |
| If this production is commingled with that from any other lease or pool,  | give commingling order number:   |                   |  |
|   | TAC  | ted ID3           |  |
| NOTE: Complete Parts IV and V on reverse side if necessary.   | •  | ld Trans          |  |
| VI. CERTIFICATE OF COMPLIANCE   | OIL CONSERVATION DIVISION 5  | -5-89             |  |
|   | ABBROVED MAY - 5 1989  | 19                |  |
| 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 | ALL MOVED  |                   |  |
| my knowledge and belief.  | Original Signed By   |                   |  |
| ,   | Mike Willams   |                   |  |
| ·   | TITLE  |                   |  |
|   | This form is to be filed in compliance with RULE   | 1104.             |  |
| Sur Lite Gene Linton  | If this is a request for allowable for a newly drilled   | or deepened       |  |
| (Signature)   | well, this form must be accompanied by a tabulation of<br>tests taken on the well in accordance with MULE 111.   | the deviation     |  |
| Production Coordinator  | All sections of this form must be filled out complete  | ely for allow-    |  |
| (Title)   | able on new and recompleted wells.   |                   |  |
| April 28, 1989  | Fill out only Sections I, II, III, and VI for changes of owner,  |                   |  |
| (Date)  | well name or number, or transporter, or other such change<br>Separate Forms C-104 must be filed for each poo   |                   |  |
| ,   | Separate Forms C-104 must be filed for each pod<br>completed wells.  | s an mustipsy     |  |