

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

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)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
☐ Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)  
Effective 1/1/89 **TA**

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 <b>North Benson Queen Unit</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Benson Queen Grayburg, North</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>Federal LC-068402</b>
Location Unit Letter <b>F</b> : <b>2310</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>West</b> Line of Section <b>29</b> Township <b>18S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

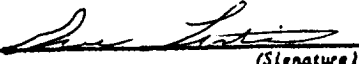
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>INJECTION WELL</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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.	Rgs.
	Is gas actually connected? <b>No</b>	
	When <b>POST 10-3</b>	

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

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 filed 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 filed for each pool in multi-completed wells.