

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **GREENHILL PETROLEUM CORPORATION** Well API No. **30 025 31364**
Address **11490 Westheimer, Suite 200, Houston, Texas 77077**
Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Lovington San Andres Unit** Well No. **70** Pool Name, Including Formation **Lovington Grayburg San Andres** Kind of Lease **State, Federal or Fee** Lease No. **B 7845**
Location Unit Letter **P** : **1229** Feet From The **South** Line and **1196** Feet From The **East** Line
Section **36** Township **16 South** Range **36 East**, NMPM, Lea County

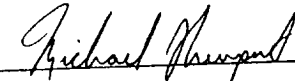
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) **P. O. Box 2528, Hobbs, New Mexico 88240**
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips 66 Natural Gas Company GPM Gas Company Address (Give address to which approved copy of this form is to be sent) **4001 Penbrook, Odessa, Texas 79762**
If well produces oil or liquids, give location of tanks. Unit **G** Sec. **36** Twp. **16S** Rge. **36E** Is gas actually connected? **yes** When? **12-31-91**
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded **11-16-91** Date Compl. Ready to Prod. **12-31-91** Total Depth **5070'** P.B.T.D. **5022'**
Elevations (DF, RKB, RT, GR, etc.) **3822 GR** Name of Producing Formation **San Andres** Top Oil/Gas Pay **-----** Tubing Depth **5007'**
Perforations **4648' - 5030'** Depth Casing Shoe **-----**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1315'	600 sacks
7 7/8"	5 1/2"	5070'	1000 sacks

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank **12-23-91** Date of Test **1-10-92** Producing Method (Flow, pump, gas lift, etc.) **Pump**
Length of Test **24 hours** Tubing Pressure **-----** Casing Pressure **-----** Choke Size **-----**
Actual Prod. During Test **352** Oil - Bbls. **58** Water - Bbls. **294** Gas - MCF **TSTM**

GAS WELL
Actual Prod. Test - MCF/D **-----** Length of Test **-----** Bbls. Condensate/MMCF **-----** Gravity of Condensate **-----**
Testing Method (pilot, back pr.) **-----** Tubing Pressure (Shut-in) **-----** Casing Pressure (Shut-in) **-----** Choke Size **-----**

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature **Michael J. Newport, Land Mgr. - Permian Basin**
Printed Name **1-17-92** Title **713 589-8484**
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 24 '92
Date Approved _____
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
Title _____

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.