STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI			
SANTA PE			
PILE			
U.8.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	DAS	-	
PERATOR			
PROBATION 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

PERATOR			AN	ID		•		
PROMATION OFFICE	AUTHOR	IZATION 1			AND NATU	RAL GAS		
Obelatot								
GREENHILL PETROLEUM CO	RPORATI	ON						
Address								
16010 Barker's Point I	Lane, Su	ite 325	, Housto	n, Tex	as 77079			
Reason(s) for filing (Check proper box)					Other (Please	explain)		
New Well	Change (i	n Transporte	rol:					
Recompletion	oii		Dr.	y Gas	Effec	ctive 1/1/89		
X Change in Ownership	Cast	nghead Gas	□ c₀	ndensate				
If change of ownership give name and address of previous owner	exaco Pr	oducing	, Inc.,	P. O.		Hobbs, NM 8824	0	
II. DESCRIPTION OF WELL AND	LEASE				11/1/95	120-4-41		
Lease Name	Well No.		inelegina Fo			Kind of Lease	_	Lease No.
West Lovington Unit	37	Loving	ton ⁷ San	Andres	West	State, Federal or Fee	State	<u>B-1553</u>
Location								
Unit Letter P: 660	Feet Fro	om TheS	outh Lin	• and	660	Feet From The	ast	
Line of Section 4 Towns	*hip 175	3	Range	36E	, NMPA	ı, Lea		County
Nume of Authorized Transporter of Oil Texas New Mexico Pipeli	ne Compa	condensate anv (009	□ 95-0003)	P.O.	Box 2528	to which approved copy, Hobbs, NM 882	240	
Name of Authorized Transporter of Casin	ghead Gas (SI GPMP'	Ger Corpo	GHOP:	(Give address	to which approved copy	of this form is	to be sent;
Phillips 66 Natural Gas				4001	LEUP-PAK	; tebruary Ix 7	9762	
	Unit Se	c. Twp.	Rg•. 7S 36E	la qua q	Yes	•	.A.	
If this production is commingled with	that from a	iny other le	ase or pool,	give con	mingling ord	er numberi		·
NOTE: Complete Parts IV and V	on reverse	side if nec	essary.					
VI. CERTIFICATE OF COMPLIAN	CE				OIL (CONSERVATION C	IVISION	
						1/1/1/1/1/1	IDDO	
I hereby certify that the rules and regulations of the Oil Conservation Division have				APP	SOVED			, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.			BY	ORIGINAL SIGNED BY JERRY SEXTON				
				DISTRICT I SUPERVISOR				
				TITL	E			
,				1 .	mia farmia i	to be filed in complia		7 1104
		Gene	Linton	13	• •	quest for allowable fo		
(Signati	•		<u> </u>	well.	this form mu	at be accompanied by well in accordance	a tabulation	of the deviation
Production (Title		nator		/	All sections o	of this form must be flecompleted wells.		
December 28, 1988			,	Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition				
(713) 870-0606			Separate Forms C-104 must be filed for each pool in multip. completed wells.					
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(713) 870-0606