STATE OF NEW MEXICO Form C-104 ENERGY AND MINERALS DEPARTMENT Revised 10-01-78 Format 06-01-83 OIL CONSERVATION DIVISION Page 1 DISTRIBUTION ----P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 FILE V.1.0.3. LAND OFFICE OIL REQUEST FOR ALLOWABLE TRANSPORTER GAB AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Operator GREENHILL PETROLEUM CORPORATION Addiess 16010 Barker's Point Lane, Suite 325, Houston, TX 77079 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: וו•ע אייא 🗋 Effective 1/1/89 Dry Gas 011 Recompletion Condensate Castnahead Gas Change In Ownership Y Texaco Producing, Inc., P. O. Box 728, Hobbs, NM 88240 If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation Lease Nam B-9686 State, Federal or Fee State 44 Lovington Paddock Lovington Paddock Unit Location East Feet From The Feet From The South Line and 1880 660 0 Unit Letter__ County Lea , NMPM, 36E Range 16S 35 Township Line of Section IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When Is gas actually connected? Ree. Twp. Unit Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE 19 I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED. BY JERRY SEXTON been complied with and that the information given is true and complete to the best of ORIGINA WSTRICT I SUPERVISOR BY. my knowledge and belief. 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. Gene Linton well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULE 111. (Signalwe) All sections of this form must be filled out completely for all Production Coordinator able on new and recompleted wells. (Tule) Fill out only Sections I. II. III, and VI for changes of own December 28, 1988 well name or number, or transportan or other such change of conditi (Date) Separate Forms C-104 must be flied for each pool in multip

(713) 870-0606

completed wells.

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