

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 GAS

I. Operator  
**GREENHILL PETROLEUM CORPORATION**

Address  
**16010 Barker's Point Lane, Suite 325, Houston, TX 77079**

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Gaslinehead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
**Effective 1/1/89**

If change of ownership give name and address of previous owner **Texaco Producing, Inc., P. O. Box 728, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lovington Paddock Unit</b>	Well No. <b>8</b>	Pool Name, including Formation <b>Lovington Paddock</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>30</b> Township <b>16S</b> Range <b>37E</b> , NMPM, <b>Lea</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"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gaslinehead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? When

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.

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 18 1989**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
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 filled for each pool in multi-completed wells.

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POSTAGE WILL BE PAID BY ADDRESSEE  
DISTRICT ATTORNEY

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JAN 4 1989

OCD  
HOBBS OFFICE