## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE			
FILE			
U.E.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		T	

## 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

Separate Forms C-104 must be filed for each pool in multiple completed wells.

REQUEST FOR ALLOWABLE

OPERATOR	ANI					
PROMATION OFFICE   AUTHORIZAT	TION TO TRANSPO	ORT OIL AND NATUR	RAL GAS			
l		·				
GREENHILL PETROLEUM CORPORATION						
Address						
16010 Barker's Point Lane, Suite 3	25, Houston,	TX 77079				
Reeson(s) for filing (Check proper box)		Other (Please	explain)			
New Well Change in Tra		Refere	ive 1/1/89			
Recompletion Oil	<b>—</b>		.IVE 1/1/09			
X Change in Ownership Casinghed	nd Gas Con	densate				
If change of ownership give name Texaco Producing, Inc., P. O. Box 728, Hobbs, NM 88240 and address of previous owner.						
II. DESCRIPTION OF WELL AND LEASE	I Name, Including Fo	mation	Kind of Lease	Lease	No.	
Case Man			State, Federal or Fee	State B-7896	6	
	Lovington Pac	ddock	<u> </u>		<u></u>	
Location		1000	m	ast		
Unit Letter G : 2130 Feet From Ti	North_Line	and1980	Feet From TheE	<u> </u>		
	<b>—</b> 2	7F NMPL	. Lea	Cou	inty	
Line of Section 31 Township 16S	Range 3	7E , NMPL	''			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   or Condensate   Address (Give address to which approved copy of this form is to be sent)    Texas New Mexico Pipeline Company (0095-0512)   P. O. Box 2528, Hobbs, NM 88240						
Texas New Mexico Pipeline Company	or Dry Gas	Address (Give edders	MANY PUBLISHED CASA	philip form is to be sent)		
Name of Authorized Transporter of Casinghead Gas		CTION.	Odenna TV	70762		
Phillips 66 Natural Gas Company G	Twp. Rge.	is gas actually connec	led? When	5.707		
if well produces oil or liquids, B 1	17S 36E	Yes	<u> </u>	N.A.		
If this production is commingled with that from any o	ther lease or pool,	give commingling orde	et unmpeti	<u> </u>		
NOTE: Complete Parts IV and V on reverse side		,				
VI. CERTIFICATE OF COMPLIANCE		OIL	CONSERVATION C	1989 1989		
I hereby certify that the rules and regulations of the Oil Conse	rvation Division have	APPROVED	UNIT			
been complied with and that the information given is true and c my knowledge and belief.	omplete to the best of	BY	ORIGINAL SIGNED	BY JUREY SEXTON SUPERVISOR		
		TITLE				
		This form is	o be filed in complia	nce with RULE 1104.		
(Signature)	Gene Linton	If this is a re	quest for allowable fo	or a newly drilled or dee a tabulation of the dev	ipene viatic	
Production Coordinator		tests taken on the	well in accordance	With RULE 1111 Had out completely for	allor	
(Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.				
December 20 1000 Will authority Sections 7 IV IV. and VI for changes			nd VI for changes of c	own e		
(Date)		well name or numb	er, or transporter, or ot	her such change of con-	811101	

(713) 870-0606

(Date)

8981 6 1 AFA

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JAN 1 1989;

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