Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		IO IKA	MOL	UH I UI	L AND NA	UNAL GA		DI No			
perator . GREENHILL PETROLEUM CORPORATION						Well A			30-025-3/029		
Address 11490 Westheimer,	Suite 2	200, Ho	ousto	on, TX	77077						
Reason(s) for Filing (Check proper box)	-			 		t (Please expla	iin)				
New Well		Change in	Transp	orter of:	_	-					
Recompletion	Oil		Dry G								
Change in Operator	Casinghea	d Gas	Conde								
change of operator give name											
nd address of previous operator I. DESCRIPTION OF WELL	ANDIE	A ST								·	
Lease Name	AND LEA	Well No.	Pool N	lame, Inclu	ding Formation		Kind o	l Lease		еаве No.	
Lovington San Andres U	Jnit	66	Lo	vingto	n Graybur	g San An	dres (XC)	Federal or Fee	B24	11	
Location						,					
Unit Letter B	, 17	244	_ Feet F	rom The	North Lin	and 259	2 Fe	et From The _	<u>East</u>	Line	
OM. 2010.1	16.6							Le		County	
Section 36 Townsh	ip 16 S		Range	36	E , NI	ирм,		<u>L</u> C	:a	County	
II. DESIGNATION OF TRAN	NSPORTE			ND NAT	URAL GAS			6.1:-6		()	
Name of Authorized Transporter of Oil	ΚX	or Conde	nsate		1 '	e address to wi				enij	
TEXAS NEW MEXICO PIPELINE CO.						P. O. BOX 2528, Hobbs NM 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casir	ighead Gas	XX	or Dr	y Gas	Address (Giv	e address to w	nich approved	copy of this f	orm is to be st	eni)	
PHILLIPS 66 NATURAL G.	AS CO.	GPM G	as C	orporati	ion 4001 P	<u>enbrook</u>		• 1X- /	9/022		
If well produces oil or liquids, give location of tanks.	Unit 1 B	Sec.	I Iwp.	į Kg	e. Is gas actuau	y connected? 'es \	ALTICH	-20-91			
f this production is commingled with that		her lease or	17								
If this production is commingled with that IV. COMPLETION DATA	. mom any ou	iici icase Oi	, poor, g	, re containt	Pine Ainei man					· · · · · ·	
		Oil Wel	ii	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>j</u> x				L	1	I	<u>l</u>		
Date Spudded		ipl. Ready I	to Prod.		Total Depth	20		P.B.T.D.			
10-14-90		3-17-91				5130 Top Oil/Gas Pay			T.U. Dark		
Elevations (DF, RKB, RT, GR, etc.)	ı	Name of Producing Formation				TOP OTHORS TAY			Tubing Depth		
3844 San Andres									4703 Depth Casing Shoe		
Perforations 4952-4962 (21), 4738-	1710 (o	1) /60	12_/17	N3 (11	1687-/	.693 (13)	'	,	_		
4332-4302 (21), 4/38-	7/40 (2	THRING	. CAS	ING AN	D CEMENT	NG RECOF	W .	_!			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-1/4		8-5/8"				365			285		
7-7/8		5-1/2"			5130				850		
7-770	2-7/8"				4703						
V. TEST DATA AND REQUE	EST FOR	ALLOW	ABL	E						1	
OIL WELL (Test must be after	recovery of	total volum	e of loa	d oil and m	ust be equal to o	r exceed top al	lowable for th	is depth or be	jor juli 24 ho	ws.j	
Date First New Oil Run To Tank	Date of T	est			"	lethod (Flow, p		elc.)			
3-20-91						Rod pum	p	Choke Size			
Length of Test	Tubing P	ressure			Casing Pres	ure .	•	CHORD GIZE	-		
24 hrs.					Water - Ahl	Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Boil	Oil - Bois.			-	494			TSTM		
495		 				. /				,	
GAS WELL	11	(Tart			Rhia Condi	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF					
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
Lesung Meurou (puot, back pr.)											
VI. OPERATOR CERTIFI	CATE O	F COM	IPLIA	NCE		OII	NOFF	/ATION!	DIMICI	ON	
I hereby certify that the rules and res	ulations of th	ie Oil Cons	servation			OIL CO	NOFHA	AHUN	ופועוט	ON.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							•	MAY 2	8 1991		
is true and complete to the best of my knowledge and belief.					Dat	e Approv	ed	18111 6			
1.1 111 1		•				t-1					
Gichael Vi hunget						A 1 ·	0 14	•			
Signature Michael J. Newport, Land Manager-Permian Basi					11	By ORIGINAL SIGNED BY JERRY SEXTON					
Printed Name Title						Title DISTRICT I SUPERVISOR					
5-22-91				55-1146	6	<i></i>					
Date		T	elephon	e No.						k'' k'	

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.