

Submit 5 Copies
Appropriate District Office
DISTRICT I
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 II
P.O. Drawer DD, Artesia, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator GREENHILL PETROLEUM CORPORATION	Well API No. 3002531068
Address 11490 WESTHEIMER, STE., 200, HOUSTON, TX 77077	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOVINGTON PADDOCK UNIT	Well No. 91	Pool Name, Including Formation LOVINGTON PADDOCK	Kind of Lease State, Federal or Fee ---	Lease No. 87845
Location Unit Letter J : 2390 Feet From The SOUTH Line and 2370 Feet From The EAST Line Section 36 Township 16S Range 36E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE COLLECTIVE, February 1, 1992	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS CO. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 1	Twp. 17S	Rge. 36E	Is gas actually connected? YES	When? 3-7-91

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-22-91	Date Compl. Ready to Prod. 3-7-91	Total Depth 6345	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3834	Name of Producing Formation PADDOCK	Top Oil/Gas Pay	Tubing Depth 6046					
Perforations 6052-6296		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8	2048			1300 SXS			
7 7/8	5 1/2	6345			1610 SXS			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 3-7-91	Date of Test 4-24-91	Producing Method (Flow, pump, gas lift, etc.) ROD PUMP	
Length of Test 24 HRS.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 86	Oil - Bbls. 15	Water - Bbls. 71	Gas- MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Michael Newport
Signature
MICHAEL J. NEWPORT/LAND MANAGER-PERMIAN-BASIN
Printed Name
5-10-91
Date
955-1146
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By **Paul Kautz**
Orig. Signed by
Geologist
Title _____

- 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.

Resident

MAY 31 1991

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