Submit 5 Copies
Appropriate District Office
D. STRICT 1
P. D. Flow 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

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III	Jaina I C, INCW INC		
ICOO Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB		
!{ Inemior			AFI No.
GREENHILL PETROLEUM CORPORATION)25 31317
Address	to 200 Houston Texas 7	77077	
11490 Westheimer, Suite 200, Houston, Texas 77077 Reason(s) for Filing (Check proper box) Other (Please explain)			
New Well Xk	Change in Transporter of:	_	
Recompletion	Oil U Dry Gas U		
Change in Operator	Casinghead Clas Condensate		
and address of previous operator			
II. DESCRIPTION OF WELL A	AND LEASE		of Lease No.
Lease Name	Well No. Pool Name, Includir		of Lease No. Bederal or Fee B 7766
Lovington Paddock Unit		1>0~	-
Unit LetterC	: 1290 Feet From The No	orth Line and 1380 1385	eet From The West Line
	166 265		Lea County
Section 36 Township	o 165 Range 30E	, NMPM,	2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil			
In O pay 2520 Uch			
P. O. Box 2528, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas Address (Give address to which approved copy of this form is to be ser			
Phillips 66 Natural Ga	s company Gfm gas corp	4001 Penbrook, Odessa,	
If well produces oil or liquids, give location of tanks.	Unit Sec. 1 47 36 36Ee.	Is gas actually connected? When	1-24-92
F	from any other lease or pool, give commingl	<u> </u>	
IV. COMPLETION DATA	Tomas of party B		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth]
Date Spidded 12-16-91	1-24-92	6450'	6401'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth
3844.3 GR	Paddock		6309 Depth Casing Shoe
Ferforations 6053-6363			Deput Casing office
C 5 3 3 C 10 3 4	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	1335 ' 6450 '	550 sacks 1525 sacks
7 7/8"	5 1/2" 15.5#	0430	1929 Sacks
V. TEST DATA AND REQUES	T FOR ALLOWABLE	the second to a standard for the	his depth or he for full 24 hows)
()IL WELL (Test must be after r. [Date First New Oil Run To Tank	recovery of total volume of load oil and must	Producing Method (Flow, pump, gas lift,	elc.)
1-21-92	1-26-92	Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	59	472	TSTM
GAS WELL	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sintern)	
UL OPERATOR CERTIFIC	'ATE OF COMPLIANCE		11710N DW1010N
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above		MAR 1 0 '9	
is true and complete to the best of my knowledge and belief.		Date Approved	
Girland Whent		D.	والمرضوط والمراجع والمراجع والمراجع والمراجع والمراجع
Signature Michael J. Newport-Land MgrPermian Basin		By	
Michael J Newnort-la	ind MgrPermian Basin Tide	Title	
Printed Name 3-5-92	(713) 589-8484	I I III C	
Date	Telephone No.		

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.