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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator GREENHILL PETROLEUM CORPORATION		Well A/E No. 30 025 31543
Address 11490 Westheimer, Suite 200, Houston, Texas 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 No. LC-058418
Lease Name Lovington San Andres Unit	Well No. 77	Pool Name, Including Formation Lovington Grayburg San Andres
Kind of Lease State (Federal) <input checked="" type="checkbox"/>	Lease No. -----	
Location Unit Letter <u>E</u> : <u>1582</u> Feet From The <u>North</u> Line and <u>381</u> Feet From The <u>West</u> Line		
Section <u>31</u>	Township <u>16S</u>	Range <u>37E</u> , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	P. O. Box 2528 Hobbs, New Mexico 88240		
TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	4001 Penbrook, Odessa, Texas 79762		
GPM GAS CORPORATION	Is gas actually connected? <input checked="" type="checkbox"/> When? <u>8-5-92</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>1</u>	Twp. <u>17S</u>
	Rge. <u>36E</u>		

IV. COMPLETION DATA		If this production is commingled with that from any other lease or pool, give commingling order number:	
Designate Type of Completion - (X)	Oil Well XXX	Gas Well	New Well XXX
Date Spudded <u>7-5-92</u>	Date Compl. Ready to Prod. <u>8-5-92</u>	Workover	Deepen
Elevations (DF, RKB, RT, GR, etc.) <u>3830GR</u>	Name of Producing Formation <u>San Andres</u>	Total Depth <u>5173'</u>	Plug Back
Perforations <u>4688'-5035'</u>		Top Oil/Gas Pay <u>-----</u>	Same Res'v
TUBING, CASING AND CEMENTING RECORD		P.B.T.D. <u>5146'</u>	
HOLE SIZE <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8" 24#</u> <u>5 1/2" 15.5#</u>	DEPTH SET <u>1335'</u> <u>5173'</u>	Tubing Depth <u>5031'</u>
		Depth Casing Shoe <u>-----</u>	
		SACKS CEMENT <u>500 sacks of Class C</u> <u>1125 sacks of Class C</u>	

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 <u>8-3-92</u>	Date of Test <u>8-9-92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-----</u>	Casing Pressure <u>-----</u>	Choke Size <u>-----</u>
Actual Prod. During Test <u>342</u>	Oil - Dbls. <u>24</u>	Water - Dbls. <u>318</u>	Gas - MCF <u>TSTM</u>

GAS WELL		Grav. of Condensate	
Actual Prod. Test - MCF/D <u>-----</u>	Length of Test <u>-----</u>	Dbls. Condensate/MMCF <u>-----</u>	Choke Size <u>-----</u>
Testing Method (pilot, back pr.) <u>-----</u>	Tubing Pressure (Shut-in) <u>-----</u>	Casing Pressure (Shut-in) <u>-----</u>	

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.	
<u>Michael J. Newport</u>	
Signature	Title Michael J. Newport Land Manager-Permian Basin
Printed Name	Telephone No. (713) 589-8484
Date 8-10-92	

OIL CONSERVATION DIVISION	
AUG 14 '92	
Date Approved	
By ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR	
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.