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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator GREENHILL PETROLEUM CORPORATION		Well API No. 30 025 31565
Address 11490 Westheimer, Suite 200, Houston, Texas 77077		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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. 129	Pool Name, Including Formation Lovington Paddock	Kind of Lease State, Federal or Fee	Lease No. B 7766
Location Unit Letter L : 2420 Feet From The South Line and 395 Feet From The West 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 COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 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? 7-16-92

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) XXX	Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-13-92	Date Compl. Ready to Prod. 7-16-92	Total Depth 6440	P.B.T.D. 6400					
Elevations (DF, RKB, RT, GR, etc.) 3838 GR	Name of Producing Formation Paddock	Top Oil/Gas Pay -----	Tubing Depth 6343					
Perforations 6097-6369			Depth Casing Shoe -----					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 24# 5 1/2" 15.5#		DEPTH SET 1310 6440		SACKS CEMENT 500 sacks of Class "C" 1500 sacks of Class "C"			

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 7-14-92	Date of Test 7-22-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 216	Oil - Bbls. 57	Water - Bbls. 159	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.

Signature
Michael J. Newport Land Manager-Permian Basin

Printed Name
7-24-92

Date
(713) 589-8484

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 30 '92

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.