

30-025-0348

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator GREENHILL PETROLEUM CORPORATION	
Address 16010 Barker's Point Lane, Suite 325, Houston, TX 77079	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Effective 1/1/89
<input type="checkbox"/> Recompletion	
<input checked="" type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	
<input type="checkbox"/> Casinthead Gas	
<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Texaco Producing, Inc., P. O. Box 728, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington Paddock Unit	Well No. 45	Pool Name, including Formation Lovington Paddock	Kind of Lease State, Federal or Fee State	Lease No. B-1553
Location				
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>17S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Gene Linton
(Signature)
Production Coordinator
(Title)
December 28, 1988
(Date)

(713) 870-0606

OIL CONSERVATION DIVISION

APPROVED JAN 18 1989
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.

800 2 3 4 5
JAN 4 1989
HOBBS C. L.

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