## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
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LANG OFFICE			
TRANSPORTER	OIL		
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OPERATOR			
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## 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

OPERATOR	AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
I		
Operator  Operator  Operator  Operator  Operator		
GREENHILL PETROLEUM CORPORATION		
Address	uston Texas 77079	
16010 Barker's Point Lane, Suite 325, Ho	Other (Please explain)	
Resson(s) for liling (Check proper box)	Ciner (7 score capitality	
New Well Change in Transporter of	y Cas Effective 1/1/89	
Recompletion Oil	ndensate	
X Change in Ownership Casinghead Gas	Concensus	
If change of ownership give name and address of previous owner Texaco Producing, Ir	nc., P. O. Box 728, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE	ding Formation   Kind of Lease   Lease No.	
Lease Name Well No. Pool Name, Inclu		
West Lovington Unit   22   Lovington	San Andres West State, Federal or Fee State B-4119-	
Unit Letter L: 1980 Feet From The South	Line and 660 Feet From The West	
Line of Section 4 Township 178 Ran	ge 36E , NMPM, Lea County	
Name of Authorized Transporter of Casinghead Cas or Dry Cas	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, qive location of tanks.	Rge. Is gas actually connected? When	
If this production is commingled with that from any other lease o	r pool, give commingling order numbers	
NOTE: Complete Parts IV and V on reverse side if necessary		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division been complied with and that the information given is true and complete to the my knowledge and belief.	ORIGINAL SIGNED BY JERRY SEXTON	
Gene Lint	This form is to be filed in compliance with MULE 1104.	
(Signature)	If this is a request for allowable for a newly drilled or deepen- well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULE 111.	
Production Coordinator (Tule)	All sections of this form must be filled out completely for allo- able on new and recompleted wells.	
December 28, 1988 (Date)	Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition	
(713) 870-0606	Separate Forms C-104 must be filed for each pool in multip completed wells.	

(713) 870-0606