STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
SANTA PE				
FILE				
U.S.G.S.				
LAND OFFICE		\prod		
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PROBATION 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

AUTHORIZATION TO	TRANSPO		RAL GAS		
Operator					
GREENHILL PETROLEUM CORPORATION				-,	
16010 Barker's Point Lane, Suite 325,	Houstor	n, Texas 77079			
Reason(s) for liling (Check proper box)		Other (Please	explain)		
New Well Change in Transporter of	ol:				
Recompletion Oil	Dry	Cos Effective 1/1/89			
Change in Ownership Casinghead Gas	Con	ndensate			
of change of ownership give name Texaco Producing,	Inc.,	P. O. Box 728,	Hobbs, NM 8824	0	
N DECOMPONIOS SVEIL AND LEACH		11/1/90			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name,	ntracking fo	rmation 1.9345	Kind of Lease		Lease No.
		Andres West	State, Federal or Fee	State	B-10639
Location					
Unit Letter F : 1980 Feet From The Nor	th_Line	and <u>1980</u>	Feet From The W	est	
Line of Section 5 Township 17S	Range	36E , NMPK	, Lea		County
Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Company (0095) (-0003)	P.O. Box 2528	to which approved copy, Hobbs, NM 882	240	
Name of Authorized Transporter of Casinghead Gas Company GPM Go	as Corpo	Address (Give address	E. February, I.	aria jorm is	to of tent;
	Rge.	Is gas actually connec	ed? When	7/02	
If well produces oil or liquids, Unit Sec. Twp. qive location of tanks. I 5 175	36E	Yes	i N	.A.	
If this production is commingled with that from any other least	e or pool,	give commingling orde	r numberi		·
NOTE: Complete Parts IV and V on reverse side if neces	sary.				
VI. CERTIFICATE OF COMPLIANCE		OIL (CONSERVATION	NYISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have		APPROVED	CAIT		, 19
been complied with and that the information given is true and complete to	BY	ORIGINAL SIGNE	D DV MAGN		
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
		TITLE			<u>'K</u>
^		This form is i	o be filed in complia	nce with RUL	E 1104.
Sene L	inton	11	quest for allowable fo		
(Signature) Production Coordinator		well, this form mu tests taken on the	st be accompanied by well in accordance t	a tabulation with MULE 1	of the deviation
(Title)		All sections of able on new and r	f this form must be fill ecompleted wells.	iled out comp	letely for allow
December 28, 1988 (Date)		Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio			
(713) 870-0606		Separate For completed wells.	as C-104 must be fil	ed for each	pool in multip.

(713) 870-0606