STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT				Form C-104 Revised 10-01-78 Format 06-01-83
. ** 1 *** *******	OIL CONSERVAT	TION DIVISION	1	Page 1
SANTA FE, NEW MEXICO 87501				
U.1.0.8.	344177			
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR	AN			
PROMATION OFFICE	AUTHORIZATION TO TRANSPO	ORT OIL AND NATUR		
1				
Operator				
GREENHILL PETROLEUM CO)RPURATION	<u></u>		
Address	Cute 225 Houston	тх 77079		
16010 Barker's Point	Lane, Suite 325, Houston,	Other (Please	explain)	
Reason(s) for filing (Check proper bos	()			
New Well	Change in Transporter of:	Gos Effect	ive 1/1/89	
Recompletion		ndensale		
X Change in Ownership	Casinghead Cas Co			
	Texaco Producing, Inc.,	P 0 Box 728	Hobbs, NM_88	3240
If change of ownership give name and address of previous owner	Texaco Producing, Inc.,			
				Lease No.
II. DESCRIPTION OF WELL AI	ND LEASE Well No. Pool Name, Including F	ormation	Kind of Lease	
Lease Name			State, Federal or Fe	• Fee
Lovington Paddock Uni	t 68 Lovington Pa			
Location		1000	Feet From The	West
Unit Letter K :	1980_Feet From The South_Li	ne and <u>1090</u>		
				County
Line of Section 6	Township 175 Range	37E , NMP		
		ICAS TA		
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATURA	Address (Give address	to which approved co	py of this form is to be sent)
Name of Authorized Transporter of	oil or Condensate			
State and a second second second		Address /Give addres	s to which approved ea	ppy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas			
		ls gas actually conne	cled? When	
	Unit Sec. Twp. Rge.	18 das accourt com	i i	
If well produces oil or liquids, give location of tanks.				
dive location of the	with that from any other lease or poo	I, give commingling or	ier numberi	· · · · · · · · · · · · · · · · · · ·
If this production is commingied	with that from any other th			
NOTE: Complete Parts IV as	nd V on reverse side if necessary.			
		OIL	CONSERVATION	
VI. CERTIFICATE OF COMP	LIANCE		IAN (
	L. L. C.L. Oll Concernation Division has	APPROVED		NED BY JERRY SEXTON
I hereby certify that the fulles and reg	mation given is true and complete to the best	of	ORIGINAL SIG	
my knowledge and belief.	·	BY	PISTR	CT I SUPERVISOR
		TITLE		
		11	he filed in com	pliance with RULE 1104.
^	/2			- fee a serily drilled of GARD
<i>P</i>	Gene Linton	- If this is a	request for showed	d by a tabulation of the devis
•	Signature)			
Productio	n Coordinator	- All sections	of this form must b	s tilled out completely for a

All sections of this form must be filled out completely for all able 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 conditi

Separate Forms C-104 must be filed for each pool in multip completed wells.

(713) 870-0606

December 28, 1988

(Tille)

(Date)

an in the second

RECEIVED

1

JAN 4 1989 OCD HOBBS OFFICE