

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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, Texas 77079

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	Effective 1/1/89
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead 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 West Lovington Unit	Well No. 64	Pool Name, Including Formation Lovington San Andres West	Kind of Lease State, Federal or Fee State	Lease No. B-4120-1
Location				
Unit Letter E ; 2080 Feet From The North Line and 989 Feet From The West				
Line of Section 8 Township 17S 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company (0095-0003)	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company GPM Gas Corporation	1001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. 5 Twp. 17S Rge. 36E	Yes N.A.

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.


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

(713) 870-0606

OIL CONSERVATION DIVISION

JAN 11 1989
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE _____

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

OFFICE OF THE

ATTORNEY GENERAL
STATE OF NEW YORK

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