

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Greenhill Petroleum Corporation	Well API No. 3002530962
Address 16010 Barkers Point, Ste., 325, Houston, TX 77079	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Lovington Unit	Well No. 70	Pool Name, Including Formation West Lov. Upper San Andres	Kind of Lease <u>State</u> Federal or Fee	Lease No. B42861
Location Unit Letter <u>D</u> : <u>1300</u> Feet From The <u>North</u> Line and <u>15</u> Feet From The <u>West</u> Line Section <u>4</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 400 E. Perimeter, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 4
	Twp. 17S	Rge. 36E
	Is gas actually connected? Yes	When? 1-11-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10-6-90	Date Compl. Ready to Prod. 12-15-90		Total Depth 5264		P.B.T.D. 5163			
Elevations (DF, RKB, RT, GR, etc.) 3899.5 GR	Name of Producing Formation West Lovington		Top Oil/Gas Pay		Tubing Depth 4725			
Perforations 4764-5096 San andres					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		378		250			
7 7/8	5 1/2		5264		675			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 1-11-91	Date of Test 2/3/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure 0	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 271	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Signature Michael J. Newport
Printed Name Michael J. Newport Title Landman
Date 2-25-91 Telephone No. 955-1146

OIL CONSERVATION DIVISION

Date Approved MAR 13 1991

By W. J. [Signature]

Title Director

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.