

**OIL CONSERVATION DIVISION**

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

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Greenhill Petroleum Corporation	Well API No. 3002530963
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 <i>unit</i>	Well No. 71	Pool Name, Including Formation West Lov. upper San Andres	Kind of Lease (State) Federal or Fee	Lease No. 84286-1
Location Unit Letter <u>C</u> : <u>1300</u> Feet From The <u>North</u> Line and <u>1350</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. <b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>EFFECTIVE February 1, 1992</b> 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge. <u>C</u>   <u>4</u>   <u>17S</u>   <u>36E</u>	Is gas actually connected?   When? Yes   12-15-90

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 10-27-90	Date Compl. Ready to Prod. 12-4-90		Total Depth 5261		P.B.T.D. 5165			
Elevations (DF, RKB, RT, GR, etc.) 3891.3 GR	Name of Producing Formation West Lovington <i>JA</i>		Top Oil/Gas Pay		Tubing Depth 4758			
Perforations 4963-5089				Depth Casing Shoe				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	365	275
7 7/8	5 1/2	5256	760

**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 12-15-90	Date of Test 12-16-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 155	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.

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

**OIL CONSERVATION DIVISION**

**MAR 16 1991**  
Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

**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.

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HOBBY