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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator GREENHILL PETROLEUM CORPORATION	Well API No. 30-025-31276
Address 11490 Westheimer Suite 200, Houston, Texas 77077	
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 <u>Green 3735</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington Paddock Unit	Well No. 124	Pool Name, including Formation Lovington Paddock	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>120</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>17. South</u> Range <u>37 East</u> , <u>NMPM</u> , <u>Lea</u> 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) <u>P.O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. <u>GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>O</u> Sec. <u>1</u> Twp. <u>17 S</u> Rge. <u>36 E</u> Is gas actually connected? <u>yes</u> When? <u>8-14-91</u>

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 <u>X</u>	Gas Well	New Well <u>X</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>7-1-91</u>	Date Compl. Ready to Prod. <u>8-14-91</u>		Total Depth <u>6600</u>			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) <u>3814</u>	Name of Producing Formation <u>Paddock</u>		Top Oil/Gas Pay			Tubing Depth <u>6465</u>		
Perforations <u>See Exhibit "A" 6100-6567</u>						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>12 1/4</u>	<u>8 5/8</u>		<u>1815</u>			<u>950</u>		
<u>7 7/8</u>	<u>5 1/2</u>		<u>6600</u>			<u>1600</u>		

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 <u>8-14-91</u>	Date of Test <u>8-19-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Rod</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>116</u>	Oil - Bbls. <u>40</u>	Water - Bbls. <u>76</u>	Gas - MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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-Land Mgr.-Permian
Date 9-19-91 Title Basin
Telephone No. 713 589-8484

OIL CONSERVATION DIVISION

Date Approved SEP 24 1991

By JERRY SEXTON

Title SUPERVISOR

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.