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**DISTRICT I**  
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**DISTRICT II**  
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**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION**

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

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

I. Operator <b>GREENHILL PETROLEUM CORPORATION</b>		Well API No. <b>30 025 31363 31367</b>
Address <b>11490 Westheimer, Suite 200, Houston, Texas 77077</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change In Transporter of: Change In Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 <b>Lovington San Andres Unit</b>	Well No. <b>73</b>	Pool Name, Including Formation <b>Lovington Grayburg San Andres</b>	Kind of Lease (State) Federal or Leasing <b>B 2359</b>
Location Unit Letter <b>A</b> : <b>1210</b> Feet From The <b>North</b> Line and <b>1170</b> Feet From The <b>East</b> Line Section <b>1</b> / Township <b>17S</b> Range <b>36E</b> , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <b>Texas New Mexico Pipeline Company</b>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, New Mexico 88240</b>	
Name of Authorized Transporter of Casinghead Gas <b>Phillips 66 Natural Gas Company</b>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Pembroke, Odessa, Texas 79762</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Soc. <b>6</b>	Twp. <b>17S</b>
	Rge. <b>37E</b>	Is gas actually connected? <b>yes</b> When? <b>11-21-91</b>	
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"/>
Date Spudded <b>10-23-91</b>	Date Compl. Ready to Prod. <b>11-21-91</b>	Total Depth <b>5054'</b>	P.B.T.D. <b>5006'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3827 GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>-----</b>	Tubing Depth <b>4658'</b>
Perforations <b>4614'-5022'</b>			Depth Casing Shoe <b>-----</b>
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>8 5/8" 24#</b>	<b>406'</b>	<b>250 sacks</b>
<b>7 7/8"</b>	<b>5 1/2" 15.5#</b>	<b>5054'</b>	<b>1300 sacks</b>

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 <b>11-19-91</b>	Date of Test <b>12-2-91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>-----</b>	Casing Pressure <b>-----</b>	Choke Size <b>-----</b>
Actual Prod. During Test <b>648</b>	Oil - Bbls. <b>31</b>	Water - Bbls. <b>617</b>	Gas - MCF <b>TSTM</b>

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 <b>Michael J. Newport</b>	Title <b>Land Mgr. - Permian Basin</b>
Printed Name <b>Michael J. Newport</b>	Telephone No. <b>713 589-8484</b>
Date <b>1-30-92</b>	

**OIL CONSERVATION DIVISION**  
**FEB 03 92**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SECTION**

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.