STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
DISTRIBUTION OIL CONSERVA	TION DIVISION Page 1
P. O. BOX 2088	
U.S.G.S. SANTA FE, NEW MEXICO 87501	
TRANSPORTER OIL REQUEST FOR ALLOWABLE	
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
I. Cperdict	
GREENHILL PETROLEUM CORPORATION	
Address	
16010 Barker's Point Lane, Suite 325, Houston, Texas 77079 Reeson(s) for filing (Check proper box) Other (Please explain)	
New Well Change in Transporter of:	
	Gas Effective 1/1/89
X Change in Ownership Casinghead Gas Condensate	
If change of ownership give name Texaco Producing, Inc., P.O. Box 728, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Fo	rmation Kind of Lease Lease No.
Eunice Monument Unit 30 San Andres	t Grayburg State, Federal or Fee Fee
Location	
Unit Letter 0 : 1980 Feet From The East Line and 660 Feet From The South	
Line of Section 19 Township 20S Range	37E , NMPM, Lea County
IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)
INJECTION WELL	
Name of Authorized Transporter of Casinghead Gas 🚺 or Dry Gas 🗌	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks.	Is gas actually connected? When
If this production is commingled with that from any other lease or pool, give commingling order numbers	
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION ON SIGN
I becals carries that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	ORIGINAL SIGNED BY JERRY SEXDON
my knowledge and belief.	DISTRICT   SUPERVISOR
	TITLE
1	This form is to be filed in compliance with RULE 1104.
(Signature) Gene Linton	If this is a request for allowable for a newly drilled or deepen- well, this form must be accompanied by a tabulation of the deviation
Production Coordinator	tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow
(Title) December 28, 1988	shie on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owne
(Date)	well name or number, or transporter, or other such change of conditio Separate Forms C-104 must be filed for each pool in multip
(713) 870-0606	completed wells.

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