

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	GREENHILL PETROLEUM CORPORATION
Address	16010 Barker's Point Lane, Suite 325, Houston, Texas 77079
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
	Effective 1/1/89

If change of ownership give name and address of previous owner Texaco Producing, Inc., P.O. Box 728, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eunice Monument Unit	29	Eunice Monument Grayburg San Andres	State, Federal or Fee State	B-160
Location				
Unit Letter	N	660 Feet From The South Line and 1980 Feet From The West		
Line of Section	19	Township 20S	Range 37E	County NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P. O. Box 2528 Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co. GPM Gas Corporation	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	I 19 20S 37E
Is gas actually connected?	When
Yes	N.A.

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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


(Signature) Gene Linton
Production Coordinator
(Title)
December 28, 1988
(Date)
(713) 870-0606

OIL CONSERVATION DIVISION

APPROVED JAN 10 1989, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

1
[Faint, illegible text]

RECEIVED

JAN 4 1989

**OCD
HOBBS OFFICE**