STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(713) 870-0606

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|------------------|------|-----|---|
| MOLTUBLATEIG | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | T . | - |
| PROBATION OFFICE | | 1 . | |

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

Separate Forms C-104 must be filed for each pool in multiple completed wells.

REQUEST FOR ALLOWABLE

| Baca Arion Arion | ND | | | |
|---|---|--|--|--|
| AUTHORIZATION TO TRANS | PORT OIL AND NATURAL GAS | | | |
| Operator | | | | |
| GREENHILL PETROLEUM CORPORATION | | | | |
| Address | | | | |
| 16010 Barker's Point Lane, Suite 325, Houst | on. Texas 77079 | | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | | |
| New Well Change in Transporter of: | Change in Transporter of: | | | |
| Recompletion Oil D | Coll Dry Gas Effective 1/1/89 | | | |
| X Change in Ownership Casinghead Gas C | singhead Gas Condensate | | | |
| If change of ownership give name Texaco Producing, Inc., and address of previous owner | P.O. Box 728, Hobbs, NM 88240 | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Well No. Pool Name, including f Eunice Monume | nt Grayburg | | | |
| Eunice Monument Unit 1 San Andres | State, Federal or Fee State B-160 | | | |
| Location | | | | |
| Unit Letter D : 660 Feet From The North Line and 660 Feet From The West | | | | |
| | 27E Y | | | |
| Line of Section 19 Township 20S Range | 37E , NMPM, Lea County | | | |
| Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natural Gas Co. GPM Gas Corporation of the Mexico Pipeline Co. If well produces oil or liquids, Unit Sec. Twp. Rge. If well produces oil or liquids, Give location of tanks. F 19 20S 37E | P. O. Box 2528 Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) | | | |
| 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. | n . | | | |
| VI. CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED APPROVED | | | | |
| Lung and the deviation and the the information given it true and complete to the best of 11 | | | | |
| my knowledge and belief. | BY CEDGINAL SIGNES BY JERRY SEX FOR | | | |
| | TITLE | | | |
| | | | | |
| Gene Linton | This form is to be filed in compliance with RULE 1104, | | | |
| (Signature) Production Coordinator | If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | |
| (Title) | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | |
| December 28, 1988 (Date) | 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 | | | |

RECEIVED

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CD Kobal Office