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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

Operator <u>Greenhill Petroleum Corporation</u>	Well API No. <u>30 025 31024</u>
Address <u>11490 Westheimer, Ste., 200, Houston, TX 77077</u>	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Skaggs Grayburg Unit</u>	Well No. <u>23</u>	Pool Name, Including Formation <u>Skaggs Grayburg</u>	Kind of Lease State, Federal or Eas.	Lease No.
Location				
Unit Letter <u>D</u>	<u>25</u>	Feet From The <u>North</u> Line and <u>150</u>	Feet From The <u>West</u> Line	
Section <u>18</u>	Township <u>20S</u>	Range <u>38E</u>	NMPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Company</u>	<u>P.O. Box 1910, Midland, TX 79702</u>
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)
<u>Warren Petroleum Company</u>	<u>P.O. Box 1589, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
<u>D</u> <u>18</u> <u>20S</u> <u>38E</u> <u>Yes</u> <u>2-27-91</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<u>X</u>			<u>X</u>					
Date Spudded <u>11-19-90</u>	Date Compl. Ready to Prod. <u>2-27-91</u>		Total Depth <u>4200</u>		P.B.T.D. <u>4147</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3558 GR</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay		Tubing Depth <u>3700</u>			
Perforations <u>3894 - 4179</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>1450</u>	<u>900</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>4200</u>	<u>1100</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>3-10-91</u>	Date of Test <u>3-17-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>NA</u>
Actual Prod. During Test	Oil - Bbls. <u>7</u>	Water - Bbls. <u>30</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.

Michael J. Newport
Signature
Michael J. Newport Land Manager-Permian
Printed Name
4-2-91 955-1146
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.