

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 5. Indicate Type of Lease STATE [X] FEE [] 6. State Oil & Gas Lease No. B 7016

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL WELL [] GAS WELL [] OTHER Injection 2. Name of Operator Greenhill Petroleum Corporation 3. Address of Operator 16010 Barker's Point Lane, Suite 325, Houston, TX 77079 4. Well Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 9 Township 17S Range 36E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3876 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER: Return well to active injection [X] SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: []

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The subject well is an injection well which has been shut in. Greenhill proposes to perform a clean out stimulation treatment and return the well to active injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE Landman DATE 10-19-90 TYPE OR PRINT NAME Michael J. Newport TELEPHONE NO. 955-1146

(This space for State Use) APPROVED BY _____ TITLE _____ DATE OCT 31 1990 CONDITIONS OF APPROVAL, IF ANY: