

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

APR 10 '89

5a. Indicate Type of Lease
State ☐ Federal ☐

5. State Oil & Gas Lease No.
NM-028978-B

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT HORIZON.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

O. C. D.
ARTESIA OFFICE

1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- Injection		7. Unit Agreement Name No. Benson Queen
2. Name of Operator Greenhill Petroleum Corporation		8. Farm or Lease Name
3. Address of Operator 16010 Barker's Point Lane Suite-325, Houston, Tx		9. Well No. 35
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 610 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 18S RANGE 30E NMPM.		10. Field and Pool, or Wildcat No. Benson Queen Grayb
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

Repair Casing leak.

17. 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.

MIRUSU. POOH with tubing and packer, (packer set @ 2709').
Tag TD with sand line. Set RBP at ±2700' and load casing.
Pressure test to 300 PSI for 30 minutes. If casing has leak,
go in hole with packer & isolate casing leak. Pull RBP, run
tubing and packer in hole. Circulate fresh water. Set packer.
Test well, return to injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: Gene Linton TITLE Production Coordinator DATE April 9, 1989

APPROVED BY: For Record Only TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: