

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved,  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

NEW OIL CONS. COMMISSION  
DEPARTMENT DD  
Artesia, NM 88210

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED
2. NAME OF OPERATOR GREENHILL PETROLEUM CORPORATION ✓	OCT 21 1991
3. ADDRESS OF OPERATOR 11490 Westheimer, Suite 200, Houston, Texas 77077	O. C. D. ARTESIA OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit G, 2310 FNL and 1980 FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3449 DF

5. LEASE DESIGNATION AND SERIAL NO. NM-033775	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME North Benson Queen Unit	
9. WELL NO. 8	
10. FIELD AND POOL, OR WILDCAT North Benson Queen Grayburg	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T18S-R30E	
12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) add additional pay & stimulate xx	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Perforate the following with 2JSPF

2697-2710, 2920-2929, 3150-3160, 3200-3212, 3216-3224, 3236-3247

Stimulate with 31,000 gallons 80 quality foamed 15% HCL acid.

RECEIVED  
OCT 4 10 57 AM '91  
CARLSON RESOURCE  
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>Michael M. Hays</u>	TITLE <u>Land Manager-Permian Basin</u>	DATE <u>9-27-91</u>
(This space for Federal or State office use)		
APPROVED BY <u>Michael M. Hays</u>	TITLE <u>Michael M. Hays</u>	DATE <u>10/17/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side