

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

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

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.

6

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T18S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

GREENHILL PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

11490 Westheimer, Suite 200, Houston, Texas 77077

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

Unit E, 2310 FNL & 560 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3150

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

Add additional pay & stimulate

xx

(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.)*

Perforated the following with 2 JSPF:

2809'-2818', 3010'-3015', 3021', 3038', 3258'-3263', 3321'-3332', 3343'-3355'.

Acidize the well with 26000 gallons 80 quality foamed 15% acid.

18. I hereby certify that the foregoing is true and correct

SIGNED

Michael Thompson

TITLE

Land Manager-Permian Basin

DATE

11-7-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

2

*See Instructions on Reverse Side

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